FOOD SECURITY AND METHODS OF ASSESSING HUNGER IN THE UNITED STATES

HEARING

BEFORE THE

SELECT COMMITTEE ON HUNGER
HOUSE OF REPRESENTATIVES

ONE HUNDRED FIRST CONGRESS

FIRST SESSION

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FOOD SECURITY AND METHODS OF ASSESSING HUNGER IN THE UNITED STATES

THURSDAY, MARCH 23, 1989

HOUSE OF REPRESENTATIVES,
SELECT COMMITTEE ON HUNGER,
Washington, DC.

The committee met, pursuant to notice, at 10:20 a.m., in room 2247, Rayburn House Office Building, Hon. Mickey Leland [chairman] presiding.

Members present: Representatives Hall, Fazio, Penny, Espy, Flake, Foglietta, and Emerson.

OPENING STATEMENT OF HON. MICKEY LELAND, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF TEXAS

Chairman LELAND. The Select Committee on Hunger is now in session for its first domestic hunger hearing for the 101st Congress. Nearly 100 years ago, the first pilot food stamp project was started in West Virginia.

Almost 20 years ago, the first White House Conference on Nutrition was held. These are landmarks in the Nation's commitment to secure adequate food for Americans who suffer from hunger.

No one can deny that real progress has been made. Today, almost 19 million persons participate in a Food Stamp Program. Close to 24 million children receive meals daily under the National School Lunch Program.

Approximately 3.5 million low-income women, infants and children who are at health or nutrition risk participate in the Special Supplemental Food Program for Women, Infants and Children, better known as WIC.

Some 4 million older Americans participate in the nutrition program for the elderly. Federal support helps millions of preschool children obtain wholesome meals and snacks in daycare facilities.

Despite this network of food assistance services, according to reports from many objective sources, hunger is still on the rise. Today we are here to acknowledge that for as much as has been accomplished, we still do not really understand hunger in America sufficiently enough to deal with it effectively.

Through this hearing, we hope to find some answers as to how Federal policy can contribute to greater food security for low-income Americans. Part of that answer lies in our understanding of hunger, of how the concept of hunger and the search to eliminate food insecurity is built into American social policy.

The World Bank, for example, defines food security on an international level as "access by all people at all times to enough food for an active healthy life." The concept of food security—of the conditions of access to and availability of food—applies equally to the problems of hunger in the United States as well as the world.

Part of the answer lies also in our understanding that food security will not be found in these hearing rooms, but instead in the communities of America where hunger now festers. The growing prevalence of hunger, of an America more insecure in its access to food, has been documented in communities across the country.

Hundreds of studies and surveys have been designed and conducted at the local level. These reports still tell us, essentially, that more Americans are going hungry. We have invited witnesses from the Departments of Agriculture and Health and Human Services.

We have asked them to describe how their own data gathering systems are designed to provide the detailed information that local communities need in planning and managing food programs. Hopefully, they will explain how they propose to assist the local community in its data quest.

We have also invited witnesses who have been working at the State level and with local community agencies and groups in designing and conducting surveys. They will share with us their experiences and the insights they have gained to help us better understand the gaps in Federal policy that allow so many Americans to live with the conditions of food insecurity in the midst of our national abundance of food.

Let me now turn to my colleague, the vice chair of the House Select Committee on Hunger, Mr. Emerson, the gentleman from Missouri.

OPENING STATEMENT OF HON. BILL EMERSON, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF MISSOURI

Mr. EMERSON. Thank you, Mr. Chairman. I want to welcome our witnesses here today, our distinguished witnesses that we will be hearing from. I'm sure they are going to be able to provide valuable information about their past and present activities in measuring food security in our Nation's communities.

Although a number of surveys have been conducted over the years, there's never been, really, an overall plan or coordination mechanism in place to review and integrate the various surveys to assure a timely, useful information that systematically answers questions concerning the nutritional status of the American population.

It's obvious that in order to solve the problem we must first understand it. One way to achieve and maintain food security is first to look at the root causes of hunger and then work toward a solution to understand it, to study it, and to solve it.

There's been an ongoing debate in this country concerning the magnitude and severity of malnutrition. I hope that our witnesses today will share with us what progress they and their colleagues have made and are making in this area.

I look forward to listening to what our witnesses have to say and look forward to a very informative hearing. Thank you, Mr. Chairman.

Chairman LELAND. I thank the gentleman from Missouri. The gentleman from Mississippi, Mr. Espy.

OPENING STATEMENT OF HON. MIKE ESPY, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF MISSISSIPPI

Mr. ESPY. Thank you, Mr. Chairman. As chairman of the Select Committee Task Force on Domestic Hunger, I want to commend the speed in which the chairman has brought this issue forth for our consideration this morning.

Over the past year, the Domestic Task Force has been examining the methods used to document the lack of food security experienced by communities in the United States. During this decade, a number of organizations have conducted research to ascertain the extent of food insecurity in their communities as well as the State and national levels.

Various systems have been utilized by public and private entities to assess this condition, and many of the resulting reports have been met with criticism. We are here today to examine the problems with the current methods of data collection and to receive recommendations as to how we can best use the results of State and community research to shape responsive social policy.

We have taken the World Bank definition of food security cited by our chairman earlier and applied it to our efforts to improve food access and availability conditions in developing countries.

Yet, we have failed to recognize this application in our own society. The United States is not experiencing a food deficit in the sense that our supply has succumbed to drought and subsequent famine or that we lack the financial capacity to import sufficient quantities for domestic consumption.

Nevertheless, there are communities in every region of the Nation in which numerous households are relying on emergency outlets such as food pantries and soup kitchens for food. Across the country we are continuing to witness a proliferation of charitable organizations dedicated to providing food to families that have none.

Millions of Americans face each day uncertain as to where they will acquire their next meal. People can be seen scavenging food from dumpsters all around this Nation. Mothers are diluting their infants' formula and skipping meals so that their children will have something to eat.

This is occurring in my district and in the districts of every member who is here today. We know that hunger exists and we are not at a loss for reports which detail this situation.

A number of national, State, and local organizations confirm these conditions every year. Today, Mr. Chairman, we will try to determine what must be done to improve the manner in which this information is collected and analyzed.

We will also receive recommendations as to how we, as national policy makers, can facilitate better use of this data in forming our social policy. We have with us witnesses who can discuss some of

the barriers we face in this effort and lend to us some guidance for making progress in this arena. Thank you, Mr. Chairman.

Chairman LELAND. I thank the chair of the Domestic Task Force. Let me now introduce the chair of the International Task Force, the gentleman from Ohio, Mr. Hall. Mr. Hall.

Mr. HALL. Mr. Chairman, I don't have any written statement. I look forward to the testimony and to the hearing. Thank you.

Chairman LELAND. Thank you. I will now turn to our witnesses. I would like to begin the hearing by asking that Dr. Sheldon Margen, Dr. Linda Neuhauser, and Dr. Linda Randolph come forward and be seated at the witness table, if you will.

Dr. Margen is an internationally acclaimed expert in nutrition and health. For the past 25 years he has been actively involved in efforts nationally and in the local community to improve access to food and eliminate malnutrition.

He is accompanied by Dr. Neuhauser, an expert in community health programs who specializes in survey design, data collection and information analysis. Both are with the School of Public Health at the University of California, Berkeley.

I understand both of you flew in last night from Mexico where you are working on a study of the nutritional aspects of maternal and infant health. We appreciate the efforts you have made to be here with us today.

Dr. Randolph is the director of the Office of Public Health for the State of New York, a post that she has held since 1983. Her department oversees the operation of a number of health and nutrition assistance programs as well as nutrition surveillance activities.

I would also like to note that she testified before the committee in 1987 to share with us her perception of the role Federal food assistance programs might assume in efforts to reduce infant mortality. Dr. Margen, you may proceed.

STATEMENT OF SHELDON MARGEN, M.D., DEPARTMENT OF PUBLIC HEALTH NUTRITION, SCHOOL OF PUBLIC HEALTH, UNIVERSITY OF CALIFORNIA AT BERKELEY, ACCOMPANIED BY LINDA NEUHAUSER, PUBLIC HEALTH RESEARCHER

Dr. MARGEN. Thank you, Mr. Chairman. First of all, I would like to thank you and all members of the committee for inviting us. Second, I would like to comment that I have been extremely impressed by the opening statements of all the members of the committee. You virtually have anticipated much of what I have to say.

Chairman LELAND. Dr. Margen, before you begin, I would like to acknowledge the presence of our colleague, Mr. Foglietta from Pennsylvania. He came and sat next to me and I failed to acknowledge his presence and ask him if he wanted to make an opening statement. The gentleman from Pennsylvania.

Mr. FOGLIETTA. I have no opening statement to make.

Chairman LELAND. By the way, he's also the newest member of the House Select Committee on Hunger. We want to welcome him to the committee.

Mr. FOGLIETTA. I thank you, Mr. Chairman. I just want to say that most of my time I spend on the Armed Services Committee

and what we do there, we are constantly talking about MX missiles and B-1 bombers and Trident submarines, et cetera, et cetera, et cetera.

It is certainly a pleasure to be here working with you and working with Members of Congress and people who are concerned about people and concerned about their health and trying to help people throughout the world rather than work just with methods of destruction.

Chairman LELAND. I thank the gentleman from Pennsylvania. I also want to talk to you at some point about how we can do some budget transfers.

Mr. FOGLIETTA. I will be happy to try to work that out with you, sir.

Chairman LELAND. Before you begin, Dr. Margen, joining us is the gentleman from California, Mr. Fazio. I don't know if he has an opening statement, but I certainly want to acknowledge his presence.

Mr. FAZIO. Thank you, Mr. Chairman, I do not have an opening statement.

Chairman LELAND. I thank the gentleman. Dr. Margen, I'm sorry about the imposition.

Dr. MARGEN. That is perfectly all right. Throughout the years of my work, I and others have been plagued by the difficulty of conveying to policy makers the magnitude and serious consequences of hunger in our society.

As a result, many of us feel that hunger is poorly understood and the United States is not making the necessary policy decisions to reduce the problem. Failure to reduce hunger problems will have serious health and social consequences in our society, particularly for the next generation.

Today, I would like to discuss the reasons for the confusion over hunger and suggest how redefining hunger operationally in terms of food security can help policy makers become more effective in reducing this problem.

In my opinion, the confusion about hunger stems from the problems inherent in defining and measuring the problem. Hunger has been given many definitions. Literally, hunger is usually spoken of as being a subjective sensation resulting from lack of food.

By this definition, almost all of us are hungry at one point or other, several times a day in fact. Therefore, this is not a useful operational definition for scientists, policy makers, and others who are concerned with the problem of describing hunger in America.

When we examine the problem of hunger in our society, we actually see a process of several stages in which certain people become, first of all, at risk of hunger. Many then become hungry.

All try to cope with the problem and suffer a variety of health and social consequences as a result. The challenge for those of us examining this complex problem is to decide where to focus attention in this process, which aspects will help us understand the problem and how we might reduce it.

This is a key question, I believe, for the select committee and other Members of Congress. Traditionally, hunger research and policy makers have chosen to focus on malnutrition as the major problem and indicator of hunger in the United States.

However, I would like to make this point. Hunger and malnutrition are not the same. Using malnutrition as a definition is a very restrictive definition and is unlikely to help us solve the hunger problem effectively.

Malnutrition or undernutrition is the physical state resulting from inadequate food intake for long periods of time. Most of the effects of malnutrition, particularly in the Third World and even here, are well known and relatively easily measured.

Such effects include low birth weight, impaired growth, high infant mortality, anemia, and other specific nutrient deficiencies. However, hunger does not always lead to clinical malnutrition.

In fact, in the United States it rarely does. When it does, it usually means that the person has been suffering from hunger for a long period of time. An equally important point is that malnutrition is only one of the effects, the terminal effect of a hunger problem.

Hunger has many other health and social consequences. People who have trouble obtaining adequate food are often forced into a number of behaviors such as dependency on emergency food sources, heavy debt to buy food, theft of food or money, sending children to other homes to eat, switching to inadequate diets, skipping meals. Virtually all of these could be characterized as antisocial behaviors.

Other effects we know of include school performance, disintegration of family, violence, psychological breakdown. These effects may be far more damaging in our society than those that we try to relate to malnutrition.

Therefore, simply equating hunger with malnutrition means that only those with clinical syndromes or clinical symptoms of malnutrition are considered to have hunger problems. From a policy standpoint, this means we will not detect most of those suffering from hunger. Those that we do detect will already have had hunger problems for an extended period of time.

The traditional assumption that hunger problems are equivalent to malnutrition is evident if we examine our national nutrition and health surveys and how they are designed and interpreted.

These surveys, including the 10 State survey, NHANES, and other nutritional surveillance techniques measure clinical malnutrition and are not designed to measure hunger. Yet, their results are often cited to estimate the extent of hunger problems in America.

Another more recent approach has been to define hunger as the existence of individual or household food shortages or the actual perception of being hungry. While this will detect many more people who have hunger problems, it still misses many people who have to scavenge for food or depend on emergency food sources.

While these people may avoid feeling hungry, they certainly have serious hunger problems. We held a conference in Berkeley 2 years ago in which a group of researchers, policy makers, and food program managers discussed past approaches to defining hunger and suggested better operational definitions.

Subsequent meetings and the work of your select committee have led to the proposal that hunger can be best defined in terms of food security. Now, what do we mean by food security? You used the

World Bank definition. I would like to extend that a little bit for the United States.

I would like to define food security as a condition in which all people have access at all times to nutritionally adequate food through normal food channels. I think that the latter becomes important.

Normal channels refers to obtaining food from the usual sources such as buying it in the grocery store or other stores. Some people have gardens and use them. Sometimes you buy food directly from farmers. You go to restaurants to eat and similar channels.

The problem of hunger then is defined as food insecurity or the lack of access to nutritionally adequate food through normal food channels. Abnormal channels refers to obtaining food by scavenging in trash bins, depending on soup kitchens, food pantries, food banks, et cetera.

Even though we have virtually institutionalized many of these channels in our society, they were originally intended to be only for emergencies. I consider the use of abnormal or emergency food channels to be an indicator of hunger, since food is abundant in our country and only those with food insecurity or hunger problems should and do have to depend on these sources of food.

People who lack food security in the United States include those who either run out of food or those who have to go to extreme measures to procure food through abnormal channels.

One could even add that those who can anticipate that they are going to be unable to procure food through normal channels can be considered at risk of being hungry. This operational definition is preferable to past definitions of hunger and more useful to policy makers for several reasons.

First, it identifies the great majority of those who have hunger problems, not just that portion who develop clinical malnutrition or those who feel hungry. Therefore, it will enable investigators to measure the extent of the problem and the group most affected more accurately.

Second, this definition identifies food access through abnormal or emergency channels as an indicator of hunger problems. This provides a fairly easily measured indicator and a straightforward policy goal.

The reduction of hunger problems will require the reduction of emergency food use. The goal is less dependency on emergency food. When people can obtain adequate food through normal channels, there is an absence of hunger problems and a condition of food security.

This brings us to the question of how to measure food security. As I mentioned, national nutrition and health surveys have been designed to measure malnutrition, not food security. The next NHANES survey will include some questions related to hunger problems, which is a major improvement.

However, these questions are too limited to assess food security. The U.S. Department of Agriculture's National Food Consumption Survey, a survey that should certainly examine household food security, contains only one question related to hunger.

Even if these surveys were able to measure indicators of food security, they would still be unable to provide local policy makers

with specific enough information to identify which groups in which communities are having hunger problems for which reasons.

That is because these surveys, even though they seem to be very large, are not large enough to scientifically disaggregate the data to the local level. The current method proposed for national nutrition monitoring will not be able to detect much about hunger.

National surveys could be improved to investigate some food security problems. However, we conclude that food security must be primarily investigated at the community level if hunger problems are to be understood in a way that will help us develop effective ways to reduce it.

My colleague on this panel, Dr. Neuhauser, will make a statement proposing methods to measure food security in the United States.

In summary, therefore, Mr. Chairman and members of the committee, we propose today that the problem of hunger in the United States be redefined more precisely in terms of food security.

This operational definition will enable us to set and measure specific policy goals to reduce hunger problems. I commend the select committee on taking this important step. Thank you.

[The prepared statement of Dr. Margen appears at the conclusion of the hearing, see p. 37.]

Chairman LELAND. Thank you so much.

Dr. Neuhauser.

STATEMENT OF LINDA NEUHAUSER, SPECIALIST IN COMMUNITY HEALTH, SCHOOL OF PUBLIC HEALTH, UNIVERSITY OF CALIFORNIA AT BERKELEY

Ms. NEUHAUSER. Thank you, Mr. Chairman and members of the committee. I would like to thank you for letting me speak here today and also, again, commend your work on making this very important step toward defining hunger in terms of food security.

Just a personal note: Over the last 10 years I've been very interested in looking into the nature of hunger, both in Africa and this country, to find ways that we can define the major policy issues around food security and actually measure them.

My colleague, Dr. Margen, has outlined the reasons for defining hunger problems in the United States in terms of the concept of food security and how that could improve the development of policies to reduce hunger.

I would like to suggest briefly some approaches that can be used to measure food security and monitor hunger in the United States. As Dr. Margen mentioned, 2 years ago at the University of California, we held a conference reviewing past hunger surveys.

We looked at the methods used in these past hunger surveys and made suggestions for how these methods could be improved to investigate hunger at both national and local levels.

We concluded that many of the methodological problems in hunger surveys related to the difficulty of finding a workable, operational definition of hunger. In fact, all of the surveys had essentially used different kinds of definitions and therefore different methods to measure hunger, coming up again with very different interpretations of the problem and suggestions for policy.

It became clear at the conference that all of the health and social problems related to hunger had one cause: lack of food security. Therefore, for policy makers and others concerned with dealing with the causes and outcomes of hunger, the central issue is food security.

The absence of a generally agreed upon operational definition of hunger has made it difficult for researchers to investigate the key hunger problems and for policy makers to have the kind of specific information needed to design effective interventions.

So, if we redefine hunger problems in the United States in terms of food security, this allows both researchers and policy makers to overcome this problem. We define food security as "a condition in which all people have access to nutritionally adequate food from normal food channels."

This immediately clarifies the complex problem of hunger in policy terms; that food security for all Americans is our policy goal. This definition enables us to detect a wide range of hunger problems at an early stage.

This definition also enables us to make objective measurements of food security and hunger problems. Most importantly, it defines the problem of hunger in a way that allows us to monitor our progress toward the specific goal of food security.

Let's consider what using the concept of food security means specifically for understanding hunger problems and designing policy to reduce them. Examining food security issues enables us to find out which Americans are at high risk of hunger and its health and social consequences.

It defines the magnitude and the extent of dependency on emergency food. These are issues which have been primary sources of debate regarding hunger survey information in the past.

It tests the effectiveness of Federal, State, and local programs in assuring food security. With this in mind, I would like to discuss the primary kinds of information needed to assess food security conditions in the United States and propose some methods to collect this information.

The food security definition requires an examination as to whether people have access to nutritionally adequate food through normal food channels. So, to measure food security for an individual or household, we need to know essentially three things.

First, what is the cost of a nutritionally adequate diet in the area where the individual or household lives?

Second, does the individual or household have the financial and other resources to obtain this food from normal food sources. Examples of other resources would include transportation and physical and mental capacity to obtain food.

Third, what is an individual or household's actual experience in obtaining adequate food? In other words, what are the difficulties encountered, the dependency on emergency food sources, changes in diet and meal patterns forced by problems getting food, health and social consequences of problems obtaining adequate food, and so on.

Therefore, we can determine food security if we know how much it costs to buy food, whether the individual or household has the resources to obtain adequate food from normal food channels given

as cost of food, and finally whether the individual or household has actually managed to do this.

For example, the assessment of food security can tell policy makers whether food stamp levels in a particular area are adequate to permit low-income families to obtain a nutritious diet without having to use emergency food or going hungry.

This is currently a piece of information that policy makers do not know. We are making the assumption that food stamp levels are adequate; yet, research findings point out that many families go hungry even though they do receive food stamps.

In terms of methods, obtaining this information will require information from several sources. First of all, information from individuals and households about their resources and experiences obtaining adequate food from normal food channels, information about local food costs, information about emergency food sources in use, and information about food programs that supplement household or individual resources.

Let's review how much of this kind of food security information is provided by national and local surveys currently in the United States. National nutrition, food, and health surveys, as Dr. Margen mentioned, do not collect much food security information presently.

There has been this focus on nutrition in the past, which is the reason why they don't collect food security information. There is, however, a trend in the past several years toward more collection of this kind of information by some of the national surveys.

The next NHANES survey will include for the first time some questions related to interviewees' problems obtaining food. The studies of surveillance of severe pediatric undernutrition managed by CDC will investigate cases of severe undernutrition and examine household food security problems for each case detected.

The National Nutrition Monitoring bill, now before Congress, proposes that CDC conduct research on nutritional status. That doesn't mean hunger problems or food security, just nutritional status.

The USDA's national food consumption survey which is our primary source of information on the food consumption and food purchasing patterns of individuals in the United States includes a question about interviewees' perceptions of the adequacy of their food supply.

These activities together represent important efforts toward the goal of assessing food security nationally; however, they do not provide enough information to help policy makers meet this goal. The USDA national food consumption survey's single question is far from adequate.

The USDA also estimates nationally averaged costs for some standardized food plans, but in addition to questions about whether the food plans represent a nutritionally adequate diet, the cost estimates cannot be applied to any particular area in the United States.

The NHANES questions are a major step forward but still do not include information on emergency food use. The studies of pediatric undernutrition will provide essential information about the relationship between food security problems and malnutrition.

However, it will still be necessary to detect food security problems before they result in these serious health problems. The CDC nutrition surveillance activities, planned under the Nutrition Monitoring bill, will be useful to detect nutritional consequences of hunger but not the precedent food security problems.

So we can see that in terms of our national surveys, we don't collect very much information about food security because, they have mainly had a focus on nutrition in the past.

Community surveys, on the other hand, collect much of the three principal kinds of information needed to assess food security; however, as we concluded at the University of California conference, these surveys have also had problems collecting the needed information.

Most of the past hunger surveys have interviewed people primarily at emergency food sites. So they have not been able to assess the prevalence of food security problems in a community overall, nor have many of them determined local food costs.

As a group, however, these local surveys have collected food security information in all of the three food security areas mentioned and have developed excellent methods. For example, in the area of pricing the cost of an adequate diet, there are several methods available.

Dr. Margen and I and other researchers at the University of California have designed and conducted surveys to price USDA standardized food plans and statistical samples of stores in communities.

We carried out three of these surveys to date in California cities. We note, by the way, that in all of the areas we surveyed, the actual food costs were significantly higher than the USDA's nationally average cost for the standardized food plan; namely, the Thrifty Food Plan.

Since food stamp levels are based on this nationally averaged cost, we conclude that people in the areas we surveyed would be unlikely to be able to afford adequate food if they were dependent on food stamp allowances.

The Ford Foundation is sponsoring a national food pricing study in poor rural areas in the United States to be carried out by Public Voice this year. In addition, there are a number of other food pricing methods available.

So in terms of the first piece of information we are saying is needed for food security, there are methods available to survey local food costs adequately. Regarding collecting information about household resources and experiences in obtaining adequate food, community surveys have developed excellent methods.

While many of the community surveys have developed such survey instruments, I would like to mention one methodology in particular. This is the approach used by the Community Childhood Hunger Identification Project, also known as CCHIP.

This project managed by the Food Research and Action Center is conducting a series of very careful hunger surveys in U.S. communities using a standardized approach which collects much of the data required to assess food security—with the exception of local food costs.

These methods can make an important contribution toward developing a national model for food security assessment. We come now to the question of what national and community surveys can do to collect the needed food security information in the future.

National surveys could provide much more information about food security than they do now. The USDA national food consumption survey should be redesigned to provide basic information about food security, including information about emergency food use of those interviewed as well as detailed information about any problems they have obtaining adequate food and the consequences on their household food patterns.

No U.S. agency now has the mandate to collect information about emergency food use, even though millions of Americans now depend on these sources to feed their families. I suggest that this be the responsibility of the USDA.

If the USDA national food consumption survey and NHANES both include adequate questions about food security, these surveys would be able to provide policy makers with estimates of the prevalence of food security problems in the United States.

This would be the first time that we would have this kind of information. These surveys would thus be able to define in general terms the groups most at risk for these problems and possibly give us some correlations about risk related to income levels of these groups.

For example, if the national nutrition monitoring bill is authorized and the capacity is developed to examine food security issues as well as nutritional status, this will make an essential contribution to hunger monitoring.

In summary, national surveys of food, nutrition, and health could be designed to estimate food security problems on a national level. Because the surveys are statistically too small to provide information about specific local areas, community surveys will be required to gather this information.

As far as community surveys go, these surveys have developed methods in all the three areas needed to assess food security. These methods are now available. What is needed is an effort to combine the three types of information so that food security can be more comprehensively assessed.

Community surveys, therefore, will be the policy makers' key resource in assessing food security because only surveys at the local level will provide the policy makers with specific enough information to design effective policies to reduce food security problems.

One Government source that could make an important contribution to local food security assessment is the Expanded Food and Nutrition Education Program of USDA's extension service. Federal support will be necessary to collect food security information at both national and local levels.

So, in summary, the redefinition of hunger in terms of food security now provides policy makers and researchers with a specific way to define, measure, and monitor hunger problems. National and community survey methods are available to gather this information and to explain the main causes of food insecurity problems and design more effective ways to reduce it.

Thank you.

[The prepared statement of Ms. Neuhauser appears at the conclusion of the hearing, see p. 44.]

Chairman LELAND. Thank you, Dr. Neuhauser. Let me acknowledge the presence of the gentleman from Minnesota, Mr. Penny, and also the gentleman from New York, Mr. Flake.

Dr. Randolph.

STATEMENT OF LINDA RANDOLPH, M.D., DIRECTOR, OFFICE OF PUBLIC HEALTH, NEW YORK STATE DEPARTMENT OF HEALTH

Dr. RANDOLPH. Mr. Chairman, members of the committee, I appreciate the opportunity to speak to you this morning on this very critical topic. I also welcome the opportunity to make these comments along with my fellow alumni from the School of Public Health at Berkeley.

First, I would like to describe briefly the current food and nutrition initiatives in New York State to set the stage for a discussion of nutritional surveillance work being conducted in New York and then to briefly conclude with some discussion of estimates of hunger in New York State using a variety of other sources or studies.

New York State has the full complement of Federal food programs; however, New York State has very early recognized that that complement is not sufficient to meet the needs of the residents of the State of New York.

As a result, the State legislature and the executive office have put in place a supplemental nutrition assistance program which is State funded. That program attempts to address unmet need in three population groups primarily; what we call SNAP/WIC or expansion of the WIC caseload beyond what could be supported with the Federal grant alone.

That project includes the provision of WIC services on site in major welfare hotels in New York City; expanding the funding for home delivered meals for the elderly, and a major component that focuses on the homeless and destitute.

In that arena, we fund seven regional food banks and other umbrella agencies to cover food and operating expenses to local emergency food relief sites. We provide larger grants for direct funding to some of those sites for food and operating expenses.

Many of those sites target high priority populations such as persons with AIDS, homeless families in welfare hotels, and counties with few emergency food sites; direct grants for the purchase of capital equipment to improve food storage and food preparation capabilities, a nutrition resource management activity that provides funding to food banks to hire nutritionists to improve the quality of food that is used by the emergency food relief sites and to improve food safety practices; and distribution projects where we are making additional funding available to food banks to improve the flow of donated and SNAP purchased foods through establishing satellite sites, leasing trucks and so forth.

This really is an effort to enable more of the emergency food relief sites to become part of the food bank network. The State also funds nutrition outreach and education, providing grants to local agencies to enroll people in Federal food assistance programs. In

1988–89 of our fiscal year, we provided grants to 24 projects covering all or part of 37 counties in the State.

These increased outreach and education activities, have increased participation in school lunch and breakfast, summer feeding programs and the Child Care Feeding Program. Thirty-five percent of applicants who are assisted in applying for food stamps ultimately receive those benefits.

We have reduced the barriers to food stamp participation in seven counties. Finally, the Council on Food and Nutrition Policies—State funded—was established to coordinate the food and nutrition programs and policies of all State agencies.

It addresses the issue of food accessibility, nutrition and health, and food supply. We have recently produced a 5-year plan for the food and nutrition policy in the State of New York, which I will be delighted to make available to this committee.

The nutrition surveillance work in New York State centers around providing information to assist us in making policy and program related decisions that affect nutritional status.

Activities include the regular and timely collection, analysis, and reporting of data on nutritional status. Much of our early work in nutritional surveillance concentrated on estimating need for nutrition services in target groups being served by Department of Health programs.

For example, in looking at the elderly we took the county level estimates of the proportion of elderly in New York State in need of home delivered meals. We got that basically from using data from the 1984 National Health Interview Survey supplement on aging.

We characterized certain questions in that survey that related to the elderly in terms of their need for home delivered meals and the proportion of elderly persons in need of meals in three age groups based on responses to these questions.

Then we multiplied that by the number of New York State county population figures to try to derive a number or an estimate. The advantage of this method for estimating need is that it uses existing information; however, the method is limited by the fact that the prevalence estimates obtained by the national survey are not specific to the elderly in New York State. The survey is not conducted routinely, so, the information is dated and the questions asked in the national survey do not precisely classify the elderly with respect to their need for home delivered meals nor the program eligibility criteria.

In WIC we have continued to attempt to refine our estimates of need. For the homeless and destitute, we have been attempting to determine need on the basis of current amount of emergency food relief service related to updated county level poverty estimates.

We are also currently attempting to identify nutrition problems in groups that are not specifically targeted such as conducting a nutrition and dental survey of school-aged children and attempting to do a statewide baseline dietary survey to get some estimates of nutrient intake and food patterns representative of the adult population in the State.

We are trying to establish a baseline estimate and then this methodology would be used continuously to measure food patterns and nutrient intake in targeted areas such as counties and other

areas with high rates of heart disease, for example, and to measure changes over time.

Our working definition for hunger in New York State is the "involuntarily going without food due to lack of resources." We have attempted to look at the census of emergency food relief sites in New York State as a proxy for this.

In 1984–85, we conducted this survey in conjunction with Cornell University. Information on the characteristics of the emergency food relief system was needed. We used a method that was adapted from a similar survey that had been conducted in Massachusetts.

One of the things we found was that there was no complete listing of all the sites in the State. So the first phase of the survey was to develop that listing.

We had to contact several social service and religious organizations in each of the counties in order to obtain the list of potential EFR sites. Then each site was contacted by phone to learn about their operation.

Because it isn't known exactly how many sites exist—and many of these sites don't keep accurate records of the number of people who were served—the questions on the amount of service delivery were asked in a very general manner.

The sites were asked such things as how many people do you estimate you serve and answers were given daily, weekly or monthly. One thing we found was that timing is important in these surveys.

This particular survey was done in the winter months when many of the sites are the busiest. When you ask sites then to give an average figure, they are really more likely to give you the figures relative to what is happening at that point in time as opposed to looking over, perhaps, the year.

As a result, we have determined that one has to be very careful about the formulation of the questions, how they are asked and understanding the timing in terms of the results. In fact, we determined that there were about 1,256 programs throughout New York State that were serving about 141,000 units of service per week. That's the number of meals in soup kitchens plus the number of people that were also being served by food pantries.

The department of health has been very interested in regularly monitoring the use of these emergency food relief sites as an indicator of hunger. A sample of the sites was selected from the original census and then these sites were called monthly or quarterly to obtain information on the amount of service.

Soup kitchens were asked to keep a daily record of the number of meals served at each mealtime, whereas food pantries were asked to record monthly totals of the number of households served. Data from that sample was then extrapolated to arrive at an estimate of the total amount of service being delivered through the system.

This system is very labor intensive and requires several phone calls to each site in order to obtain necessary figures. Again, given some of the limitations in terms of the accuracy of recordkeeping, the numbers that are reported are often estimates.

The total population that uses these sites in the State is quite fluid with sites closing and new ones opening up frequently. So it is

not clear whether the sample continues to represent the total population of all the sites.

Last, the sample was selected to represent six public health regions in the State as opposed to data that is necessary at the county level, but that involves a significantly expanded large sample.

Through the extrapolation of some of that data we determine that from July 1985 to June 1986, almost 3 million individuals were served at food pantries and over 8 million meals were served at soup kitchens.

In 1988, rather than continue with the monitoring of a sample of sites, the department chose to repeat the census of all sites on a regular basis. The next full census was begun in February of 1988.

Again, we developed a list of the sites. An actual survey was conducted in two phases, one with a mailed questionnaire to be completed by the site with postcard reminders.

Any sites not returning forms within a certain period of time were also called and approximately 50 percent of our upstate sites returned those forms, but only 20 percent of the New York City sites did.

This time the questions on the amount of service were phrased more precisely. Sites were asked to report on the total amount of services delivered in 1987 or the amount delivered in January 1988.

Even so, only about 50 percent of the sites could give actual figures in answer to either question. The results indicated that 328 soup kitchens throughout New York State served over 6 million meals; 1,554 food pantries served over 5 million people for the year.

The difficulties in collecting data from the emergency food relief sites includes the lack of recordkeeping by the sites and the fact that many of those sites are in fact run by volunteer staff, which means that they may, in fact, be very difficult to reach and may not have accurate figures available.

Later surveys that we have used are attempting to refine the ways in which we can get this information. We have used other surveys in certain selected areas such as in Suffolk County with a survey that was commissioned to study hunger and malnutrition.

This was a county survey with face-to-face interviews with public assistance clients—it used a very stringent definition of chronic hunger which was low weight for height due to lack of food—and then also attempted to calculate a rate of episodic hunger.

They came up with a rate of chronic hunger among adults of 1 to 2 percent with a rate of episodic hunger of 4 to 5 percent. If we were to apply those rates to 1985 estimates of the adult population in New York State, it would give us something in the order of 126,000 to 250,000 chronically hungry adults and perhaps 567,000 adults experiencing episodic hunger.

As I indicated, the definition is very severe and so it is probably a significant underestimate. We took a look at the USDA National Food Consumption Survey and attempted—which was the 1976–77 survey that had a question in it about households perception of adequacy of its food supply.

About 13 percent of poor households had reported that they occasionally or often did not have enough food. If we applied that rate to 1985 estimates of the poverty population in New York State, we

would have about 465,000 low-income people without sufficient food.

Obviously, that was a survey conducted in the 1970's before substantial cuts in public benefit programs and the recession of the early 1980's. So we figure that that also would lead us to severe underestimates.

In 1985, we looked at eligibles not on food stamps. Forty percent of those with incomes below 125 percent of poverty are not receiving food stamps. That rate would translate to almost 1½ million New Yorkers at risk of hunger.

Again, this figure doesn't include any portion of those above 125 percent of poverty. It also assumes that everyone who receives food stamps is able to purchase an adequate diet.

The New York State Coalition Against Hunger used a methodology to estimate the number of people at risk. Their estimate assumed that all people below poverty who do not receive food stamps are at risk of hunger as well as 50 percent of those who do get food stamps.

This method yields an estimate of 2½ million New Yorkers at risk of hunger. The last two methods, then, estimate the number of people at risk of hunger, whereas the first two methods attempt to estimate the number of people who are actually hungry or have insufficient food.

So the range of estimates is very wide, from a low of 126,000 chronically hungry adults to a high of 2.5 million people at risk of hunger. In 1986–87, all soup kitchens in five urban areas upstate were asked to participate in a study. Eighty-two percent of them agreed.

We took a random sample of those clients and interviewed them with trained personnel at each site. The interviews were conducted on different days of the week at different meal times in order to obtain a representative sample of soup kitchen clients.

A total of 500 clients were interviewed. That method worked quite well and is being replicated in soup kitchens in New York City and with food pantry clients throughout the State. It showed us that 17 percent were in households with children, 9 percent in households with preschool children, 18 percent were working part or full time, 95 percent had incomes less than 130 percent of poverty, 55 percent had less than 50 percent of poverty income, 17 percent were homeless living in shelters or on the street, 23 percent had no health insurance, 50 percent were on food stamps.

We are currently conducting a study to evaluate food program use, partially at the request of the State legislature to explore the extent to which emergency food relief clients are using the system to substitute for existing food programs.

We have two phases of this survey. In each of these areas we will be conducting in-depth interviews with the clients to collect detailed information on monthly resources and expenditures, participation in food programs, and food frequency.

Also, we will be conducting focus groups with the clients to learn about barriers to existing food programs. Finally, the Thrifty Food Plan will be costed in a sample of markets in the three areas. That data will be available in the summer of 1989.

We also will be participating in the community childhood hunger identification project in New York State.

How are we using this information for policy and program decisions? First, the emergency food resource relief census proved that hunger exists upstate as well as in New York City and it actually led to increases in our State budget for SNAP services.

The census data on the amount of service delivered by county has been compared to poverty rates to identify counties which are underserved. These have been given higher priority for further SNAP funding.

Information on the nutritional quality of foods served at soup kitchens led to the funding of the food bank nutritionists to improve nutritional quality of food at all kinds of emergency food relief sites and to improve food safety practices.

Information on transportation problems of these sites led to the funding of food banks to enhance the food distribution network. In summary, while New York State has continued to make significant inroads, there is a definite need for enhanced national support.

There needs to be a standard definition of hunger and a standard methodology for determining if people are suffering from hunger. This needs to be done now. While research is important, we don't believe this aspect should require continued lengthy research.

We believe, as was indicated before, that there are certain methodologies that are available that can be utilized. We also recognize that the CCHIP questionnaire is a very good potential model for this.

Standardized questions should be included in national surveys to continuously monitor the levels of hunger, and data collection systems obviously need to be closely tied to decisions on policies and programs.

I think we would all agree that there is no point in collecting data which identifies hunger as a national problem if it is not going to be used to address the problem. Thank you.

[The prepared statement of Dr. Randolph appears at the conclusion of the hearing, see p. 51.]

Chairman LELAND. Thank you very much. Thank all three of you. Let me, before I ask my questions, turn to my colleagues and see if they would like to ask our panel any questions. I know that we have many conflicts today, not to mention the debate on the floor on minimum wage and the amendments that are right now being considered.

Let me turn to the gentleman from California, Mr. Fazio, and see if he has anything.

Mr. FAZIO. Thank you, Mr. Chairman. I was particularly interested in the point that Ms. Neuhauser made in regard to the studies that have been done by the University of California, Berkeley, School of Public Health in the three areas in California, where you reached a conclusion that actual food costs were significantly higher than USDA's nationally average cost.

Therefore, you concluded that food stamps were probably inadequate when fully available to meet nutritional and food security needs. Could you comment in more detail on that particular data?

Ms. NEUHAUSER. Yes, actually this study is one that evolved from past hunger surveys which some of us were involved in. We recog-

nized that while we could investigate the perceptions of people as to the fact that they couldn't afford food, we really could not relate that to the food costs in the local area.

So, we did three studies in California, one in Berkeley, one in Los Angeles, and one in Merced County. We looked at the costs of the USDA Thrifty Food Plan, of the Low Cost Food Plan, and we also looked at costs of these food plans if they were modified for the use of people who were homeless.

I can't give you the figures right here. I could make those available to you. We did find in all instances that for all of the plans, the costs were substantially higher than the nationally averaged costs given by USDA.

If you look at the cost, for example, of what it would cost a homeless person to buy one of these standardized food plans with food stamps, they would probably need to double their food stamp allowance in order to be able to afford this.

So, if you look at this exact cost information in local areas there is really no mystery about why people say that their food stamps don't last the entire month or maybe they don't even last 2 weeks.

What the mystery to some of us is is why the USDA is not doing more in the way of local pricing or testing of its actual costs of these standardized food plans. So I think this is a key issue regarding food security.

Mr. FAZIO. Well, I think this committee would have a real interest in pursuing this issue because we know there are administrative differences in how the Food Stamp Program is handled from State to State.

I remember a few years ago when this committee travelled to Mr. Espy's district and learned that in the State of Mississippi they have a policy that varied from what I thought was a national norm. This policy was to provide 3 weeks worth of food stamps for the entire month on the premise that there might be some disincentive to work or something along those lines.

Correct me if I am wrong, Mr. Chairman, but that was my recollection.

Chairman LELAND. It was mine too, unfortunately.

Mr. FAZIO. So, when we are talking about that kind of administrative involvement when we haven't really even come up with a proper standard in the first place, we have multiple problems that are interrelated.

I am wondering if you would be in a position to recommend to us how USDA might do a better job of meeting local food cost variations. My thought would be that Merced County, California would be one of the least expensive areas for people to obtain food given the fact that so much is produced there.

Yet, your conclusion is that it might be more expensive. I can imagine during certain times of the year in areas that are far from agricultural regions, the cost would be far higher. Is it your contention that we ought to have a regional food survey? How specific can we get if we try to do that?

Ms. NEUHAUSER. I think that our conclusion would be that what we really need is to start off with very localized surveys because what we found is that in a local area—let's look at the issue of Los Angeles.

Looking at 22 ZIP Code areas, we found that there was over 100 percent variation in food costs depending on what stores you went to. We also found that in the lowest income areas there; namely, the ghetto areas, that the food costs were substantially higher than they were in other areas.

So if you do a regional average you still are not looking at the risk of the person who lives in the area with the highest food costs. I would suggest that the studies be done in local areas and that the information be aggregated to a regional area.

For example, you could use the administrative structure of USDA to aggregate those costs at the regional level. Another point is that the USDA does not include rural data when they make their national estimates the average estimates.

So, we have no information on food costs in rural areas. I would mention again that the Ford Foundation study by Public Voice will take a national sample of rural counties and will price the Thrifty Food Plan in those areas this year. That should provide some useful information.

Mr. FAZIO. Did you use the same approach and standards that USDA essentially uses and just come up with different results? What kind of variations were there in your surveys?

Ms. NEUHAUSER. It is a very complex question you are asking.

Mr. FAZIO. Don't make the answer to complex. You will go over our heads.

Ms. NEUHAUSER. I will give you a very simplistic answer and say that we used the Thrifty Food Plan pattern as given by the USDA. We used very low cost common foods in those areas of California that we surveyed.

So we made a very careful effort to find low cost, high nutritious foods that are very common there. We used their methodology, used their patterns and amounts of food. Then we priced them in a statistical sample of stores looking for the lowest cost for each item in each store.

Mr. FAZIO. Have you presented those approaches and those results to USDA? Have you had any response at all?

Ms. NEUHAUSER. Not formally.

Mr. FAZIO. Perhaps this committee could generate some interaction here that might be helpful to us.

Ms. NEUHAUSER. That would be fine. I really think it is a very key issue of national policy that the USDA should be providing the Government with information on what food costs, more than this sort of average estimates for urban areas. There's a lot more to food costs than that.

Mr. FAZIO. Certainly, as you point out in a ghetto where you don't have as much available and competition doesn't exist and where higher prices are more than norm, perhaps, than we would like, we do have a unique problem.

I don't know how you get it in terms of surveys because that kind of data tends to get lost in averaging. You are talking about a more pinpointed approach, though. That might help some.

Ms. NEUHAUSER. We are talking really about a range of risks. When you use an average, half of the people by definition would not be able to purchase the food for that cost. You are only protecting the top half in that case.

Mr. FAZIO. It was very interesting. I appreciate all of your testimony. Thank you. Thank you, Mr. Chairman.

Chairman LELAND. Mr. Emerson.

Mr. EMERSON. Thank you, Mr. Chairman. This is a very timely hearing here today. I'm glad we're addressing this subject. As I'm sure the witnesses know, the Select Committee on Hunger is an oversight committee.

We don't have a direct legislative jurisdiction, but we are at liberty to share our findings and other matters with appropriate legislative committees. I want to suggest, Mr. Chairman, that we share the record of this particular hearing with the Subcommittee on Domestic Marketing, Consumer Relations, and Nutrition of the House Committee on Agriculture.

We are indeed—when I refer to the timeliness of this, we are introducing today, I think it is today, the chairman of that subcommittee. I have talked—we are introducing the Nutrition Monitoring bill of 1989. All of this data is going to fit very well into the deliberations we will be having in that subcommittee addressing these very questions here today.

So I would hope that the whole record of this hearing, Mr. Chairman, could be shared with the Nutrition Subcommittee of House Agriculture, of which I also serve as the ranking member.

Chairman LELAND. Without objection, so ordered. The chairman also designates that you be the purveyor of the sentiments.

Mr. EMERSON. I'll be glad to do that. I think one of the difficulties we face, really, is in nutrition monitoring, to get it down to the microcosmic level that you recommend and that it would probably be desirable for us to have.

It is probably a project of the magnitude of the census. I'm not sure that we could put enough people in the field or have enough people to analyze the data on an ongoing basis to get to the level that you want to get to.

I think we need to do a better job than we are doing. So maybe there's a happy medium in there somewhere. Also, the chairman and other members of the subcommittee know of my longstanding interest in the subject in what we have come to call "one stop shopping."

That is that people who are in need of nutritional assistance are also very likely in need of transportation assistance and eating assistance and housing assistance, medical assistance and whatever.

I think if we could have more of the data of the sort that you are suggesting we ought to have, that we could better relate it to these other problems and we would have a better database from which to figure out the whole problem in all of its comprehensive aspects.

We might have a better fundamental base for getting at the subject of welfare reform about which we did a little bit last year, but I think we all agree that we didn't do enough and we didn't have enough data to do it right for all purposes for all times.

Those are just some thoughts I have, not particularly questions. I think they are relevant thoughts in terms of what you've spoken to here today. Would any of you care to comment?

Dr. MARGEN. I would really like very much to comment, Mr. Emerson, because I do not agree totally with what you've said. However, I would like to correct one—I wouldn't say misapprehension—

but I do think that with many of the resources we have available it is possible to get a considerable amount of disaggregated data.

In other words, we do not have to rely only upon these large, national surveys which, to date, have really not helped us very much in terms of defining hunger, as you yourself have pointed out.

About all they can do is give us some general idea of the magnitude, Joe would say, the prevalence of something we might call hunger. It will probably be related primarily to some aspect either of food intake or poverty or some such thing.

We have other types of information which are currently being gathered in New York; for instance, data from other agencies, even census data, with the idea of utilizing the block by block and actual household by household data in terms of income.

You can begin using some of these data. I think that there have to be other types of data which actually are gathered to find out the sources of nonconventional food delivery systems.

I think we have to get that. I think we have ways of doing so within the communities, both in terms of voluntary groups and community agencies that are working and are not doing this as their job.

The mandate could be extended to those groups. I am thinking particularly of USDA and EFNEP primarily. Here is a policy which is supposed to be educational. It would be very helpful to extend this with the people already there in terms of doing actual surveys and monitoring and examining what goes on in the community, aggregating this material, sending it up—shall we say to some level or other, regional and ultimately national.

What would be most helpful is that the data which are gotten in the community could give you immediate information in terms of what those problems are in the community so the community could "take action with its resources" and also could ask for those necessary resources from the Federal Government which they could not obtain, which are absolutely essential for the solution of the hunger problem.

Ms. NEUHAUSER. I would like to add a comment. I know it sounds like a monumental task to do the kind of food security research we are talking about, but maybe it would be helpful to break it down into smaller chunks.

If you are looking at the subject of assessing the local costs of adequate food, it is not that difficult to do that. You can get lists of stores. You can use people.

They don't have to be excessively trained to go out and do this food pricing. You could do a food pricing in a city with a statistical sample in, say, a week.

Mr. EMERSON. Oh, I don't think we would have any trouble in determining the variable cost of food. I think the problem is in getting at those people who may have hunger problems of the nature that you are describing here.

I think it is partly being able to establish with some degree of certainty who those people are. You pointed out very well here that it is not just necessarily a nutritional problem; that it goes beyond nutrition.

We get into a whole realm of other things; education and job skills and crime, drug use, and a whole lot of things here. The im-

plications are very, very broad. No, I don't think we'd have trouble assembling the data on what nutrition costs in a given data.

I think that we would have trouble identifying in a clearly defined way the people that we are really trying to reach.

Ms. NEUHAUSER. I think if we maybe break down the enormity of this problem into, say, what you might call a research agenda, where you put your priorities for information. I think that one thing we could do is use a limited number of well-done surveys that look at, say, all the three types of data that we were talking about related to food security, that you could begin answering some of the big questions on a national basis.

For example, are food stamps able to purchase an adequate diet in, say, sentinel areas? Who are the risk groups in these particular areas where the surveys have been done? If we find a pattern that seems to be general, then we can start making some general interpretations of hunger problems and who the risk groups are.

So I don't think we have to survey every community to find that out. We do need to set up some kind of a reasonable agenda in which we look at varied areas in the United States, both urban and rural, of different types of populations and see what we find out.

Mr. EMERSON. You know, we will be holding hearings, I am certain, in the Nutrition Subcommittee on this same subject. While I realize that travel is difficult and although the record of this hearing will be made available to that subcommittee, if, as time goes on, if it is possible for you to testify further if you wish to, we would be glad to arrange for you to testify before that subcommittee as well. We will be formulating a legislative package on the nutrition monitoring. Thank you.

Chairman LELAND. I thank the gentleman from Missouri. Dr. Randolph, it appears that New York State has taken the lead in the national surveillance activities. What prompted the initiation of these monitoring projects?

Dr. RANDOLPH. I think, first of all, it was a recognition on the part of the Governor and the legislature that we had significant unmet need, that we had to be more precise about defining that unmet need.

We also have a very active advocacy network in New York State around food and nutrition and hunger issues. They have been working very closely with the executive and the legislature to attempt to identify priority areas and also to identify State resources that could be used in order to expand our penetration rate, if you will, as far as unmet need is concerned.

Chairman LELAND. You have suggested that the community childhood hunger identification project survey be used as a national model for community data collection efforts. As someone with surveillance experience, what kind of technical assistance will communities adopting this survey for research require?

Dr. RANDOLPH. Well, I think that we are still in the process of learning ourselves. What we are attempting to do is to determine what exactly the specific communities need in order to be able to implement this.

We will be doing it in certain selected areas in New York City. We anticipate from that that we will have a better understanding of what those needs are.

Chairman LELAND. The community childhood hunger identification project will begin operation at a site in New York soon.

Dr. RANDOLPH. Yes.

Chairman LELAND. What conditions do you expect to be identified that have not yet been found through your current surveillance?

Dr. RANDOLPH. Well, our current surveillance has not focused on children to a great degree. We have focused primarily on adults, and particularly in terms of adults, using the emergency food relief system.

So, while I can't really project—I think one of our very real concerns is that we know that while the WIC Program allows us to go to 5 years of age, we have not been funded adequately to enroll the preschool population. The second concern is we really have had little information about the school-age population at all in terms of the impact of lack of resources and potential for hunger.

That is something that we definitely want to look at. In addition, we know that of the estimated population in New York State that is eligible for the WIC Program, we are now with combined Federal and State resources reaching about a little less than 50 percent of the eligibles.

Most of those eligibles that we are not reaching are above the age of 2. Again, that is another large unmet need in terms of the priorities that are set because our primary focus has been on pregnant women and infants and then preschoolers on up to school age. That last category of children are the ones that are not really served by the program.

Chairman LELAND. Thank you. Drs. Margen and Neuhauser, how well do current surveys at the national level reflect what you've seen at your work at the community level?

Dr. MARGEN. Well, I think the answer to that has already been given; at the national level, all you can do is get some very general estimates of prevalence of potential hunger, even though you have to extrapolate from the data because they were really set up to get information primarily about malnutrition.

That is not really what we are searching for at this time in the United States. The problem with these areas, even though we seem to have large numbers, is that when you start disaggregating these data I really get very suspicious.

My students and I started to do this and we found you really had a lot of trouble because the numbers became so small. When you tried to look at specific communities or certain ethnic groups or geographical areas, the thing was virtually meaningless in terms of helping you understand what the problems were in those given areas.

That's why we began locally examining the problems more. I would like to comment a little, if I can, Mr. Leland, on this and also Mr. Emerson.

We have been experimenting with a slightly different survey approach, which we jokingly refer to as the community surveying itself. In other words, we are so used to the idea that surveys have to be done by professional surveyors that we think this is what has to happen.

But you can look at the census, go and hire people from the community and teach them in a relatively short period of time what questions to ask and you can get some pretty good data.

We have done this experimentally in the northern California area in certain cities. In fact, we think the data we got is even better.

For instance, if you are surveying in a black community. You hire a black individual who is of that community, who lives in that community and who is trusted by that community. Obviously, such a surveyor is going to give you a much better set of data, much more honest answers, data you can depend upon, than some government representative who is immediately going to be suspect within that community.

Chairman LELAND. Dr. Margen, if you can hold there, we had the same question raised several years ago, and I believe probably every 10 years we raise the issue when we are putting together census information.

It was finally concluded that in fact we could get a more accurate census if we had people who worked in the community, who lived in the community, who looked like the community, who understood how to respond to people in the community.

Dr. MARGEN. That's exactly what we found, exactly the same thing. In fact, we think that any type of community survey should be based upon that type of approach. That's what we think is important.

Now what questions are asked—how do we settle that——

Chairman LELAND. I would suggest to you that Mr. Emerson would have a real problem trying to do any kind of survey in the community where I grew up.

Dr. MARGEN. I think so.

Chairman LELAND. Thank you. Dr. Neuhauser, would you like to add anything?

Ms. NEUHAUSER. I think we have pretty much covered it. I would just add that we really aren't making use of the resources that we have. Just looking in terms of national surveys, with not a lot of redesign, you could get a lot of information for your committee and for everyone in the United States about food insecurity.

We have to make the effort. We have to push for it. So far we haven't done it.

Chairman LELAND. You think the Federal Government has a responsibility to at least provide the stimulus and provide some resources for that purpose?

Ms. NEUHAUSER. I think the Federal Government has a very key responsibility to assess the food security of its citizens. So far, we have not done that very well. We have assumed more or less of a middle class situation. We have not assumed that people rely on emergency food, so we haven't been looking for it; for example, in our national food consumption survey.

The Government has a responsibility to do this and I think we as citizens have a responsibility to demand that.

Chairman LELAND. As was said earlier, Mr. Emerson is certainly working in the leadership to hopefully facilitate that opportunity in the future. Congress, I think, will respond under that leadership.

I'm really happy to have heard that. I would, too, hope that you would participate in whatever future hearings the Nutrition Subcommittee may hold on these matters.

Let me turn now to my colleague from Mississippi, Mr. Espy.

Mr. ESPY. None at this time.

Chairman LELAND. We might have questions to submit to you in writing and ask by unanimous consent that both your questions and responses be included in the record without any objection. Thank you so much for your testimony.

I would like now to proceed by calling our next and final panel of witnesses; Dr. J. Michael McGinnis and Mr. John Bode.

Dr. McGinnis is a Deputy Assistant Secretary of Health for Disease Prevention and Health Promotion at the U.S. Department of Health and Human Services. He also chairs the Department's Nutrition Policy Board.

Mr. Bode is the Assistant Secretary for Food and Consumer Services at the U.S. Department of Agriculture. I would like to add that he has testified at a number of our hearings and we have had a number of meetings usually after those hearings.

Today is likely to be the last time that he will join us in his current position. Mr. Bode, you might want to tell us about what you are going to do and what the future portends for you and possibly for us in this great land of ours.

Mr. BODE. Mr. Chairman, I do appreciate the opportunity to testify before your committee one last time as Assistant Secretary for Food and Consumer Services at the Department. I look forward to leaving the Department early in April to enter private practice of law.

Chairman LELAND. OK.

Mr. BODE. I will be doing that. It has been a great privilege for me to work at the Department in a couple of capacities for the past 8 years plus and to have a working relationship with you and this committee and others. It's been an extraordinary privilege that I greatly appreciate.

Chairman LELAND. As chairman, I would like to convey to you that we really appreciate the cooperation that you have given us—the assistance you have provided and the testimonies that you have made before this committee. We wish you well in your private practice.

Mr. ESPY. Mr. Chairman, when you are talking about striking statements, Secretary Bode said he is looking forward to leaving the Department of Agriculture. Would you care to strike that statement as well?

Chairman LELAND. Without objection, we will strike Mr. Bode's statement, I think with his permission. Maybe he might mean that. Working in the Federal Government is not the easiest thing that we do.

Mr. Bode, you better proceed now because otherwise they are going to—they have got a live in 5 which means we have 15 minutes to get a forum called and then subsequent to that a 5-minute vote which means that we will be gone for at least 20 minutes.

Mr. BODE. Yes, sir. I will then abbreviate my comments if you would be so kind as to have them in the record.

Chairman LELAND. Without objection, the full text of your statement will be submitted in the record.

Mr. BODE. Thank you, Mr. Chairman.

STATEMENT OF JOHN W. BODE, ASSISTANT SECRETARY, FOOD AND CONSUMER SERVICES, U.S. DEPARTMENT OF AGRICULTURE

Mr. BODE. The Department of Agriculture has a longstanding commitment to improve the dietary status of all Americans. Indeed, a primary mission of the Department is to ensure that all Americans have sufficient wholesome and nutritious food available to them.

The responsibility of carrying out this mission is divided among several USDA agencies and that is outlined in my full testimony. Members of this committee are aware, I think, of those general divisions' responsibilities.

We play an important role in the national nutrition monitoring system. My testimony and I believe the testimony of Dr. McGinnis talk about that. It is a responsibility, our role in nutrition monitoring, that we regard as very important.

We are very proud of the strides that have been made in nutrition monitoring. Our working relationship with the Department of Health and Human Services in particular has been a strong one. I think because of that we have had major improvements in the nutrition monitoring system.

I would like to focus for the most part on the need for a definition of hunger and the fact that we do have a serious, significant definitional issue here that gives rise to some confusion as to just what is meant when various numbers are used and a discussion of several ways in which USDA has measured food sufficiency.

Of course, the United States produces an abundance of food. When one looks at the statements of various scientific groups and data, it seems like ironically obesity and overeating are more frequent health problems in the United States than undernutrition from lack of food.

We are fortunate that in our country we do not see the kind of problems that are present elsewhere in the world, but it is all the more important in light of the affluence of our country that we assure that food sufficiency is available.

Of course, in 1986, consumers' expenditures for food were only about 15 percent of their total expenditures, down from 19 percent in 1980. Of course, that is a point that ranks us very well in the world.

Undernutrition and malnutrition are clinical states that are easily measured by physicians. However, the term hunger is subclinical. In other words, it is a subjective impression best measured by the person actually experiencing it.

While this may seem obvious, the distinction is important because different people understand different things by the word hunger. This poses a serious public policy question when the term is used in public policy.

In measuring hunger, of course, I must say that USDA does not have an operational definition of hunger in terms of food sufficiency. However, in using data obtained in our Nationwide Food Con-

sumption Surveys, we have measured food sufficiency in several ways and described it in a fashion that I think more accurately reflects what we are really measuring.

We talk about self reports of food sufficiency. That data has been discussed by previous witnesses. That food sufficiency data has generally ranged around 13 or 14 percent, indicate that they did not have sometimes or often not enough of the food they wanted to eat.

We have looked at diet quality in terms of available or actual intakes of food, food energy or nutrients. I am afraid that this is a point that was not given appropriate attention by the previous panel. At least it is one that I feel warrants further consideration.

The second way of looking at household food sufficiency is to measure the food energy and nutrient intakes of the individuals and to compare these intakes among various groups in the population or against some standards such as the recommended dietary allowance, the RDA.

We have done—of course, that effort is underway through the Nationwide Food Consumption Survey and we are very pleased with the continuing survey on the food intakes of individuals yielding important information about the actual quality of diet of low-income Americans as well as all Americans.

Third, in looking at economic status in terms of reported income, assets or other indicators of economic status such as food expenditures.

In trying to summarize my comment, I think as we—you ask in your letter to Secretary Yeutter about the Department's views on using food security data from State and local surveys, to date State and local surveys that purport to measure hunger have not been comprehensive and are frequently anecdotal.

It is not clear to us how the questions that are used are developed and what testing has been done to ensure that the questions measure what is intended and are not biased toward obtaining a specific answer.

It is difficult for us to see, therefore, how these State and local data could be used appropriately to derive estimates of hunger that are applicable to the country as a whole.

Data from the national nutrition monitoring system are intended to be used for policy purposes. The questionnaires are rigorously tested. Protocols contain important quality control measures and the households questioned represent a randomized sample of the low-income population in the 48 contiguous States. These data are the best source of information available to this very important topic.

In conclusion, I might ask your permission, sir, to submit to the committee information that we have that differs with some of the information provided by the prior panel about USDA activities.

I don't think—apparently there was some misunderstanding about some of the USDA activities. That might provide the committee a better source of information as to what we are doing.

For example, the update on food costs data is provided from data we get from BLS. That is based on urban food costs. What we are doing there is an adjustment for inflation. So we are just looking at the urban stores when we are measuring the inflationary; however,

our basic food costs information is a national representative sample, I believe, that would include rural food costs.

It's not that we have left our rural food costs all together as one might have drawn from the previous discussion.

[The prepared statement of Mr. Bode appears at the conclusion of the hearing, see p. 64.]

Chairman LELAND. Without objection, the response to that matter will be included in the record.

Mr. BODE. Thank you, sir.

Chairman LELAND. Thank you, Mr. Bode.

Dr. McGinnis.

STATEMENT OF J. MICHAEL MCGINNIS, M.D., DEPUTY ASSISTANT SECRETARY, HEALTH, DISEASE PREVENTION AND HEALTH PROMOTION, PUBLIC HEALTH SERVICE, U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Dr. MCGINNIS. Thank you, Mr. Chairman and members of the committee. I'm very pleased to be here in my capacity as the chairman of the DHHS Nutrition Policy Board. We in the Department of Health and Human Services place a very high priority on improving the health and nutritional status of low-income Americans.

So, it is indeed a privilege for me to be with you and talk about that. In abbreviation, I would like to submit, as has Mr. Bode, my full testimony for the record. I will summarize it informally from notes. Thank you.

Chairman LELAND. Without objection.

Dr. MCGINNIS. As has been pointed out, low-income populations have higher rates of several sources of mortality and morbidity that are, in part, related to nutritional factors. Perhaps the issue of most dramatic concern in this respect is the role of nutrition as a factor in low birth weight, and in turn, the role of low birth weight in infant mortality which is, as you know, observed at higher levels among low-income populations.

Chairman LELAND. Dr. McGinnis, let me stop you right there. How long do you think your statement will be?

Dr. MCGINNIS. About 4 minutes.

Chairman LELAND. That's a little bit too long. What I'll ask you to do is to suspend, if you will. We have got about 3 minutes to get over to vote, which means that we will make the quorum call. That take 5 minutes.

We will then have another 5-minute vote immediately following that which means that we will be back in about 7 or 8 minutes, if you don't mind.

Dr. MCGINNIS. Surely. Alternatively we can dispense with the informal comments and go directly to questions if you wish.

Chairman LELAND. We would have the same problem. I would rather give you an opportunity to testify.

Dr. MCGINNIS. Fine.

Chairman LELAND. Thank you so much.

[Chairman went to vote.]

Chairman LELAND. Dr. McGinnis, thank you for your indulgence. I apologize for having had to leave. Dr. McGinnis, you may proceed now.

Dr. McGINNIS. Thank you, Mr. Chairman, and thank you for being so speedy.

Again, I would like to just summarize from my prepared testimony a few key points. Beginning with the observation that we have in the Department of Health and Human Services placed a very special priority on improving the health and nutritional status of low-income Americans, for the obvious reasons that we need to ensure that our society eliminates hunger and malnutrition where it might possibly exist but also because issues related to nutrition span far beyond those of undernutrition for the low-income populations, as has been pointed out by Mr. Bode.

Perhaps the issue of most dramatic concern, as I mentioned earlier, related to nutrition and low-income populations, is that of nutrition and low birth weight with the consequent relationship between low birth weight and infant mortality.

One of our more vexing problems in the health arena is the sustained gap between the infant mortality rates of black populations and other populations. So we are, in particular, concerned about any nutritional factors that might be relevant.

Paradoxically, and also very important to point out just from the sheer numbers of people involved, as Mr. Bode mentioned in his remarks, obesity is also more prevalent in low-income populations. Obesity is a risk factor for chronic diseases and conditions such as diabetes, high blood pressure, and cardiovascular diseases that cause substantially higher rates of morbidity and mortality among low income populations.

Similarly, rates of some types of cancer thought to be associated with high intakes of dietary fat are higher in some low-income groups. While it is clear that nutritional factors are related to the increased morbidity and mortality experienced by low-income populations, it is less clear how the nutritional status of these populations is affected by food security specifically.

Current surveys and surveillance activities undertaken within the context of the national nutrition monitoring system document the nutritional status of the general population and of children from low-income populations who participate in public health and nutrition programs. While these sources of nutrition data do not currently have the capability to evaluate the relationship of nutritional status to food security, they do provide important insights into the status of low-income groups.

Within the Department of Health and Human Services, several institutional loci contribute to the national nutrition monitoring system. Major efforts are housed in two centers within the Centers for Disease Control.

First is the National Center for Health Statistics, which sponsors the National Health and Nutrition Examination Survey (NHANES). NHANES together with USDA's Nationwide Food Consumption Survey is the cornerstone of the national nutrition monitoring system.

NHANES, as you know, has health and dietary components. It has physical examinations and it has diagnostic and biochemical testing for a wide range of the population. It is currently in its third cycle. The first cycle was 1971–74; the second from 1976–80; the third began in October of last year and will run until 1994.

NHANES III will have a sample population of 30,000 people ages 2 and above, from all socioeconomic levels and from all geographic areas of the Nation, with particular emphasis, on blacks, Mexican Americans, children, and older Americans—each a population group of special concern for us as a nation.

The second CDC activity or center, the Center for Chronic Disease Prevention and Health Promotion, maintains two ongoing efforts and a third effort I would like to mention as a pilot project.

The two ongoing efforts are the pregnancy nutrition surveillance system and the pediatric nutrition surveillance system which are not centrally managed efforts. Rather they are efforts to take data from service delivery programs in States—35 States for the pregnancy nutrition surveillance system and 14 States for the pediatric nutrition surveillance system—and give us estimates of the prevalence for certain key indicators of problems in the service delivery programs represented.

Some of those indicators are the prevalence of overweight, underweight, the type of infant feeding, growth retardation and anemia.

The third pilot effort that I would like to draw particular attention to with respect to the focus of this hearing is the surveillance of severe pediatric undernutrition. We have a pilot underway in four States now—Florida, Mississippi, Louisiana, and Massachusetts—to collect data from hospitals, outpatient clinics, HMO's, daycare centers, and preschool centers to document the prevalence of underweight, severe anemia, and clinical malnutrition and follow up each of these documented cases to confirm and explore some of the reasons for or correlates related to the individual case.

There is a health history, an assessment of the home environment, and an assessment of the access to food. The spirit of this enterprise is the philosophy that in our society no case of clinical undernutrition should exist.

In theory every clinically verified case should be reportable and should have individual followup throughout the Nation. What we are trying to do, in effect, is test the feasibility of that approach and also obtain valuable information on food security for those at highest risk.

I should mention that NHANES III also contains questions on food access, as has been referenced earlier, to give us an indication for a much broader set of people on the extent to which barriers exist for food sources as well as how they impact health status.

In addition to CDC's efforts, information is contributed to the national nutrition monitoring system by DHHS programs—the Indian Health Service, the Health Resources and Services Administration—and particularly the Maternal and Child Health and the Rural Health Programs—the Health Care Financing Administration with the EPSDT Program under Medicaid, and the Administration for Children, Youth and Families through the Head Start Program.

To coordinate these various activities with those of the Department of Agriculture, we formed last year an Interagency Committee on Nutrition Monitoring (ICNM) which is administration-wide. It includes representation from all of the major Federal agencies involved in nutrition monitoring such as those of the Department

of Defense, the Veterans Administration, and the Bureau of the Census in addition to a few others.

Specific working groups have been set up as part of the ICNM effort to focus on survey complimentarity, to focus on information dissemination and exchange—getting the information out once it's been collected, to focus on food composition databases, and to focus on Federal and State relations.

Finally, as an indication of the special concern that we have in DHHS for the low-income groups, I would like to mention a review which we sponsored of all of our efforts to measure and track the nutritional status of low-income populations. Our review was, first, to examine all DHHS surveys; second, to look at how they addressed nine different categories of low-income populations; third, to identify both gaps and duplication in the various efforts; and fourth, to make recommendations for strengthening our efforts.

We found, not surprisingly given the limitation of resources these days, that there was very little duplication of effort within those activities. We also found that there were relatively few gaps. However we did find that of the nine populations, there were problems in our coverage of three. Those were: Native Americans on reservations, nursing home residents, and the homeless populations.

Chairman LELAND. Back up again. You said that there were three categories of——

Dr. MCGINNIS. Of deficiencies. Of the nine populations, the nine low-income populations that we stratified our analysis into, three of them were inadequately covered by our current activities, the three that I have just mentioned.

In addition, the results of the analysis found a cross cutting methodological problem, and that is the lack of a core set of nutritional indicators to be applied to the low-income populations.

We are working to improve our efforts on each of these dimensions. We have a study now underway with the major scientific organization of nutrition professionals to develop that core set of indicators for use in our various data systems.

I would like to, if I may, submit the executive summary of the assessment study for the record.

Chairman LELAND. Without objection.

[The prepared statement of Dr. McGinnis appears at the conclusion of the hearing, see p. 80.]

Dr. MCGINNIS. I would like to thank you again for your attention to this issue and to us today. I would be pleased to answer any questions.

Chairman LELAND. Thank you. I thank you for the initiatives that you have taken. Let me ask a few questions and then Mr. Bode, we'll see you out there in the private hinterlands. Hopefully, you will come back and spend some time with us advising us on how to get through to the administration on some of these matters.

Dr. McGinnis, how are the data you are currently collecting being reported?

Dr. MCGINNIS. The data that we are collecting are being reported in a variety of ways. There are myriad special analysis of the NHANES data that are undertaken across literally dozens of dimensions.

They are reported out as those analysis are completed in special reports around different topics. The same is true for the work of the CDC efforts in the pediatric nutrition surveillance and pregnancy nutrition surveillance.

In addition, we are concerned that even though we have improved both the scope and the timeliness of the reporting efforts that we have related to the data, we are not still reaching all the populations that need to have these data in hand. We are developing a special subcommittee of the Interagency Committee on Nutrition Monitoring to look—I should say two subcommittees—to look at this issue in particular. One is the Subcommittee on Information Dissemination and the other is the Subcommittee on Federal and State Relations. Both have as a central underlined principal, the need to improve the way we get our information out.

Chairman LELAND. What are your plans for using this data to affect social policy?

Dr. MCGINNIS. Well, of course, we collaborate very closely in the structure of the way we collect these data with USDA because one of the principal users of the data is the Department of Agriculture.

In addition, we hope that they will be of use to people who are working at the program level in State and the local level. That is why this special emphasis on State and local users.

We are in the process of trying to develop a series of methodologic guidelines for people at the State and local level to implement the kinds of recommendations you heard earlier about improving State and local capabilities to collect their own data.

Chairman LELAND. Very good. What types of methodologies and criteria might be used on a local level to improve the development of surveys for better measuring food security?

Dr. MCGINNIS. I think one of the important issues, of course, is gaining some consensus on the parameters to access. We are hard at work on that count. In addition, there is the question of the methodology of implementing the surveys that carry forward those indices that have been identified.

I think that the survey that you mentioned earlier, the Childhood Hunger Identification Project, is one that we are aware of and we are reviewing very closely to see what other elements might be of use to us in our national surveys and what we might incorporate into our technical assistance and collaboration with people at the State and local level as well.

I think you should know that part of that survey helped to shape the questions on food sufficiency that we have included in our NHANES III Program. We don't have all the answers yet.

This is, as has been pointed out, a very complex area, but we are aware of the problem and concerned about improving the approach to it.

Chairman LELAND. Has your Department given any consideration to working with community organizations to collect food security information?

Dr. MCGINNIS. To the extent that we can, given our own personnel resources, we have given thought to that. Let me just review what we view as our obligations. We view as our central obligations vis-a-vis State and local government efforts first, to develop a consensus on the parameters that ought to be assessed whether

they are access parameters or physiologic parameters; second, to develop recommendations or guidelines, handbooks if you will, on the methodologies to be used in applying those parameters.

Beyond those obligations, there are other opportunities that we need to explore to the extent that funds allow, the sponsorship of demonstration projects, the pilot project that I mentioned is an example of that—the provision of direct hands on technical assistance.

We have a program called the planned approach to community health (PATCH) which has a specific nutrition component that is an example of what we can do in that respect. It is hands on and therefore requires a fair amount of resources.

We can also work to pull together a pooling consortia. That is, allowing individual activities at the State and local level to pool their data to give us a better understanding nationally within certain methodologic constraints of what is going on. A couple of examples in that respect are telephone surveys, the behavioral risk factor prevalence survey that we sponsor through our Center for Disease Control, as well as the information that we get from service clinics.

Finally, we can offer support for the development of the infrastructure necessary at the State and local level to collect these data. Again, those are all opportunities that we have if we can identify the resources to carry them forward.

Chairman LELAND. Thank you so much. Mr. Bode, the Department currently collects nationwide data. How well can this information really be applied to any particular community?

Mr. BODE. Sir, it cannot be well applied to particular communities. We do break down the data depending on the survey one is talking about. Our Nationwide Food Consumption Survey data, for example, is broken down by regions of the country.

We are looking forward to, in the future, being able to provide State specific data. However, breaking data down to the community level is not something that we are able to do with our present monitoring activities.

I must say that as someone working with food policy, that has not been a factor that we have regarded as particularly troublesome since, for the most part, policy is—food security has been addressed as a national or a State policy.

Chairman LELAND. How extensively does the USDA monitor the use of emergency food?

Mr. BODE. I'm very glad you asked that question, Mr. Chairman, because that was one of the frustrations we felt in listening to the previous panel. I'm not sure they had been made aware of all of our efforts to monitor use of various forms of food assistance.

Food assistance questions are asked in the continuing surveys, food intakes of individuals that is underway. Our recent update or recent decennial Nationwide Food Consumption Survey had questions about programs being accessed including commodity assistance, as I recall.

So, those questions are addressed. There are, of course, other sources of information about access to food assistance beyond our monitoring, nutrition monitoring efforts. For example, to rely on a nutrition monitoring effort of some sort, to talk about who is get-

ting WIC benefits, is certainly not necessary because we have some pretty elaborate reporting mechanisms through the WIC Program about coverage of the WIC population.

We have been telling Congress for some time that our level of participation in the WIC Program is certainly strongest in the highest priority groups, pregnant women and infants. It is much lower among children.

That is where our nonparticipating population is in the WIC Program, among children.

Chairman LELAND. What type of activities is the Department sponsoring to assess how many households rely on emergency channels and other nonconventional sources for food?

Mr. BODE. I am sorry. Would you repeat the question? Mr. Chairman, I would like to ask Bob Rizek join me, too, in case he can help me.

Chairman LELAND. Sure. Mr. Rizek, if you don't mind. Let me ask the question again. I just want to know what type of activity or program the Department sponsors to assess how many households rely on emergency channels or nonconventional channels for sources of food?

Mr. BODE. First of all, I would like to report that the Food and Nutrition Service has data gathering activities through its programmatic operations. We would be pleased to provide you information about all of those.

For example, we know about characteristics of recipients of the Temporary Emergency Food Assistance Program (TEFAP). That data has been provided to the committee in the past. There are other regular programmatic data gathering efforts.

Mr. RIZEK. Well, in both our nationwide survey, which data collection ended last August, and our continuing survey that we will be initiating April 1, we do ask questions of, have you ever received food from other sources either SKEF's or USDA donations or other sources.

So, we will be able to tell the percent of households that are receiving from outside sources.

Chairman LELAND. Do you agree that there are alternative ways to measure food security other than the complex and time consuming methodology and analysis of the Nationwide Food Consumption Survey?

Mr. BODE. Oh, sure. There are other ways to gather the information. We are interested in those as Dr. McGinnis indicated. We have been working jointly with HHS on several efforts.

We recognize that our nutrition monitoring system, though it has vastly improved over the last decade, it is far from perfect. Difficult decisions always have to be made about how great the need is for additional data and square that against the significant costs associated with gathering data that is reliable.

I guess my concern always, Mr. Chairman, is if we are gathering data, we need to have confidence in that data. It is worth the effort to do it right. That is a chief concern.

Chairman LELAND. How can we be sure that your surveys are reaching those individuals in greatest need of food security?

Mr. RIZEK. We basically carry on two surveys jointly, an all income survey and a low-income survey. A low income is defined at

130 percent of poverty or less. This is a stratified sample of the 48 contiguous States.

The people of the low income are screened. If they are the neediest, I'm not sure they should the most needy. You look at the income as percent of poverty and it covers a range from 0 up to 130.

Mr. BODE. Sir, we have done some methodological work to assure that our sampling is done appropriately, that we are reaching the intended population and that it is representative.

Chairman LELAND. OK, thank you very much all three of you. I really appreciate your coming forward, Mr. Bode. Good luck to you.

Mr. BODE. Thank you, Mr. Chairman. If I may also thank you for being so gracious to me, especially today, always but especially today in having me testify on the second panel so that I would be able to testify before another committee earlier this morning.

Chairman LELAND. We always want to accommodate the administration. This hearing is now adjourned. Thank you very much.

[Whereupon, at 12:43 p.m., the committee was adjourned.]

[Material submitted for inclusion in the record follows:]

PREPARED STATEMENT OF SHELDON MARGEN, M.D., SCHOOL OF PUBLIC HEALTH, UNIVERSITY OF CALIFORNIA, BERKELEY

Mr. Chairman, thank you for the opportunity to speak here today. My name is Sheldon Margen. I am a physician and my position is Professor of Public Health Nutrition at the School of Public Health, University of California, Berkeley. I have had a longterm interest in hunger research and policy in both the U.S. and overseas. In particular, I have been interested in defining and measuring hunger, examining its causes, and working with policy-makers to find ways to reduce this problem. I had also worked closely with the Select Committee on Hunger and Human Needs chaired by Senator George McGovern to develop the Dietary Goals which have now become the accepted guidelines of dietary intake for Americans for the prevention and reduction of major "killer diseases".

Throughout the years of my work, I and others have been plagued by the difficulty of conveying to policy-makers the magnitude and serious consequences of hunger in our society. As a result, many of us feel that hunger is poorly understood and that the United States is not making the necessary policy decisions to reduce the problem. Failure to reduce hunger problems will have serious health and social consequences in our

society--particularly for the next generation. Today, I would like to discuss the reasons for the confusion over hunger and suggest how redefining hunger operationally in terms of "food security" can help policy-makers become more effective in reducing this problem.

In my opinion, the confusion about hunger stems from problems inherent in defining and measuring the problem. Hunger can have many definitions. Literally, hunger is a subjective sensation resulting from lack of food. By this definition, almost all of us feel hunger regularly. Therefore, this is not a useful operational definition for scientists, policy-makers and others who are concerned with describing the problem of hunger in the United States. When we examine the problem of hunger in our society, we actually see a process of several stages in which certain people become at risk of hunger, try to cope with the problem, and suffer a variety of health and social consequences. The challenge for those examining this complex problem is to decide where to focus attention in this process -- which aspects will help us understand the problem and how to reduce it? This is the key question for the Select Committee and other Members of Congress.

Traditionally, hunger researchers and policy-makers have chosen to focus on malnutrition as the major problem and indicator of hunger in the U.S. However, hunger and malnutrition are not the same and using this restricted definition is unlikely to help us solve hunger problems effectively. Malnutrition (or undernutrition) is a physical state of inadequate nutrient

intake. Most of the effects of malnutrition are well known and relatively easily measured. Such effects include low birthweight, impaired growth, infant mortality, anemia and other specific nutrient deficiencies. However, hunger does not always lead to clinical malnutrition. When it does, it usually means that the person has been suffering from hunger problems for a long time.

An equally important point is that malnutrition is only one of the effects of hunger problems. Hunger has many other health and social consequences. People who have trouble obtaining adequate food are often forced into a number of behaviors such as dependency on emergency food sources, heavy debt to buy food, theft of food or money, sending children to other homes to eat, switching to inadequate diets, skipping meals, etc. Other effects include poor school performance, family disintegration, violence and psychological breakdown -- effects that may be far more damaging in our society than those related to malnutrition. Therefore, simply equating hunger with malnutrition, means that only those with clinical symptoms are considered to have hunger problems. From a policy standpoint, this means we will not detect most of those suffering from hunger, and those we do detect will have already had hunger problems for an extended period of time.

The traditional assumption that hunger problems are equivalent to malnutrition is evident if we examine how are national nutrition and health surveys are designed and interpreted. These surveys, including the Ten State Survey, HANES, and and other nutritional surveillance surveys measure clinical malnutrition, and are not designed to measure hunger. And yet, their results are often cited to estimate the extent of hunger problems in America.

Another, more recent approach has been to define hunger as the existence of individual or household food shortages or the actual perception of "being hungry". While this will detect many more people who have hunger problems, it still misses many people who have to scavenge for food or depend on emergency food sources. While these people may avoid feeling hungry, they certainly have serious hunger problems.

Two years ago, we held a conference at the University of California, Berkeley at which a group of researchers, policy-makers, and food program managers discussed past approaches to define hunger and suggested better operational definitions. Subsequent meetings, and the work of your Select Committee have led to the proposal that the problem of hunger can be best defined in terms of <u>food security</u>.

Food security is "a condition in which all people have access at all times to nutritionally adequate food from normal food channels". Normal channels refer to obtaining food from stores, gardens, growers, restaurants and similar channels. The problem of hunger, then, is defined as food insecurity or the lack of access to nutritionally adequate food through normal food channels. Abnormal channels refer to obtaining food by scavenging in trash bins, depending on soup kitchens, food pantries, etc. The use of abnormal or emergency food channels is considered an indicator of hunger since food is abundant in our country and only those with food security (hunger) problems will have to depend on these sources for food. People who lack food security in the United States include those who either run out of food, and/or those who have to go to extreme measures to procure food through abnormal channels.

This operational definition is preferable to past definitions of hunger and more useful to policy-makers for several reasons. First, it identifies the great majority of those who have hunger problems, not just that portion who develop clinical malnutrition or those who "feel hungry". Therefore, it will enable investigators to measure the extent of the problem and the groups most affected more accurately. Second, this definition identifies food access through abnormal, or emergency channels as an indicator of hunger problems. This provides a fairly easily measured indicator and a straightforward policy goal: reduction of hunger problems will require reduction of

emergency food use. The goal is less dependency on emergency food. When people can obtain adequate food through normal channels, then there is a condition of food security -- the absence of hunger problems. .

This brings us to the question of how to measure food security. As I mentioned national nutrition and health surveys have been designed to measure malnutrition, not food security. The next HANES survey will include some questions related to hunger problems, which is a major improvement. However, these questions are too limited to assess food security. The USDA's National Food Consumption Survey -- a survey that should certainly examine household food security -- contains only one question related to hunger. Even if these surveys were able to measure indicators of food security, they would still be unable to provide local policy-makers with specific enough information to identify which groups in which communities are having hunger problems and for which reasons. This is because the surveys are not large enough to scientifically disaggregate the data to the local levels. Current methods proposed for national nutrition monitoring will not be able to detect much about hunger. National surveys could be improved to investigate food security problems, however, we conclude that food security must be primarily investigated at the community level if hunger problems are to be understood in a way that will help us develop effective ways to reduce it. My colleague on this panel

will make a statement shortly proposing methods to measure food security in the United States.

In summary, we propose today that the problem of hunger in the United States be redefined more precisely in terms of food security. This operational definition will enable us to set and measure specific policy goals to reduce hunger problems. I commend the Select Committee in taking this important step.

PREPARED STATEMENT OF LINDA NEUHAUSER, PUBLIC HEALTH RESEARCHER, SCHOOL OF PUBLIC HEALTH, UNIVERSITY OF CALIFORNIA, BERKELEY

Mr. Chairman, I appreciate this opportunity to come here and discuss food security issues with the Committee. My name is Linda Neuhauser. I am a public health researcher at the School of Public Health, University of California, Berkeley. I have been researching hunger and working with food and nutrition programs for a number of years, both in Africa with the U.S. Agency for International Development, and also in a number of programs in the United States. During this decade, I have been involved in developing methods and conducting surveys of hunger problems in communities. Currently, I am working on ways to define key policy issues related to food security and methods to measure food security.

My colleague, Dr. Margen, has outlined the reasons for redefining hunger problems in the United States in terms of the concept of food security and how that could improve the development of policies to reduce hunger. I would like to suggest, briefly, some approaches that can be used to measure food security and monitor hunger in the United States.

Two years ago, at the University of California, Berkeley-sponsored conference on Hunger Surveys in the United States, researchers, policy-makers, and food program managers reviewed past hunger surveys and suggested improved methods to investigate hunger at both national and local levels. We concluded that many of the methodological problems in hunger surveys were related to the difficulty of finding an operational

definition of hunger. If the problem of hunger is defined as one of malnutrition, we noted, only those with clinical malnutrition are considered to have hunger problems. And when malnutrition is detected, it usually means that the person has already been suffering from hunger for an extended period of time. At this stage, there may be irreversible damage to health — such as low birthweight in babies, retarded growth, etc. We now know how important it is to solve hunger problems before they result in serious health problems; preventing low birthweight in babies can save billions of dollars in neonatal and future care.

Serious as the hunger problems are that lead to clinical malnutrition, researchers are finding that there are other hunger consequences that are much more common and just as serious as malnutrition. These are the social conseqences such as family stress and violence, crime, poor school performance, and others. It became clear at the conference that all of these health and social problems have one common cause: lack of food security. Therefore, for policy-makers and others concerned with dealing with the causes and outcomes of hunger, the central issue is food security. The absence of a generally agreed upon, operational definition of hunger has made it difficult for researchers to investigate the key hunger problems and for policy-makers to have specific enough information to design effective interventions.

If we redefine hunger problems in the United States in terms of food security, this allows both reserachers and policy-makers to overcome this problem. We define food security as "a condition in which all people have access to nutritionally adequate food from normal food channels". This

immediately clarifies the complex issue of hunger in policy terms: food security for all Americans is our policy goal. This definition enables us to detect a wide range of hunger problems at an early stage. This definition also enables us to make objective measurements of food security/ hunger problems. Most importantly, it defines the problem of hunger is a way that allows us to monitor our progress towards the specific goal of food security.

Let's consider what using the concept of food security means specifically for understanding hunger problems and designing policy to reduce them. Examining food security issues enables us to find out which Americans are at high risk of hunger and its consequences. It defines the magnitude and the extent of dependency on emergency food. It tests the effectiveness of federal, state and local programs in assuring food security.

With this in mind, I would like to discuss the primary kinds of information needed to assess food security conditions in the United States and propose some methods to collect this information. The food security definition requires an examination as to whether people have access to nutritionally adequate food through normal food channels. So, to measure food security for an individual or household, we need to know three things:

1. What is the cost of a nutritionally adequate diet in the area?
2. Does the individual or household have the financial and other resources to obtain this food from normal food sources?(examples of other resources include transportation and physical and mental capability to obtain food)
3. What is an individual's or household's actual experience in obtaining adequate food? (examine difficulties encountered, dependency on emergency food sources, changes in diet and meal patterns forced by problems getting food, health and social consequences of problems obtaining adequate food, etc.)

Therefore, we can determine food security if we know how much it costs to buy food, whether the individual or household has the resources to obtain adequate food from normal food sources, and finally, whether the individual or household managed to do this. For example, the assessment of food security can tell policy-makers whether food stamp levels in a particular area are adequate to permit low-income families to obtain a nutritious diet without having to use emergency food or go hungry. In terms of methods, obtaining this information will require information from several sources: 1) Information from individuals and households about their resources and experiences obtaining adequate food from normal food channels, 2) information about local food costs, 3) information about emergency food sources and use, and 4) information about food programs that supplement household or individual resources.

Let's review how much of this kind of food security information is provided by national and local surveys currently. National nutrition, food, and health surveys do not collect much food security information presently. There is, however, a trend towards more collection of this kind of information by some national surveys within the last several years. The next HANES survey will, for the first time, include some questions related to interviewees' problems obtaining enough food. The studies of Surveillance of Severe Pediatric Undernutrition managed by CDC will investigate cases of severe undernutrition. The investigation will examine household food security problems for each case of severe undernutrition. The National Nutrition Monitoring Bill now before Congress proposes that CDC conduct research on nutritional status. The USDA's National Food Consumption Survey includes a question about interviewees' perceptions of the adequacy of their food supply. These activities represent important efforts towards the goal of assessing food security nationally. However, they do not provide enough

information to help policy-makers. The USDA National Food Consumption Survey's single question is far from adequate. The USDA also estimates nationally-averaged costs for some standardized food plans, but in addition to questions about whether the food plans represent a nutritionally adequate diet, the cost estimates cannot be applied to any particular area. The HANES questions are a major step forward, but still do not include information about use of emergency food sources. The studies of severe pediatric undernutrition will provide essential information about the relationship between food security problems and malnutrition. However, it will still be necessary to detect food security problems before they result in these serious health conditions. The CDC nutrition surveillance activities planned under the Nutrition Monitoring Bill will be very useful to detect nutritional consequences of hunger, but not the precedent food security problems.

Community surveys, on the other hand, collect much more of the three principal kinds of information needed to assess food security. However, as we concluded at the University of California conference, these surveys have also had problems collecting the needed information. Since most of the past community hunger surveys have interviewed people at emergency food sites, most of them have not been able to assess the prevalence of food security problems in the community. Nor have many of them determined local food costs.However, local surveys have collected food security information in all of the three food security areas and have developed excellent methods. In the area of pricing the costs of an adequate diet, there are several methods available. Dr. Margen and I and other researchers at the University of California have designed and conducted surveys to price USDA standardized food plans in statistical samples of stores in communities. We have carried out these surveys in three California cities to date. We

note, by the way, that in all the areas surveyed, the actual food costs were significantly higher than the USDA's nationally-averaged cost for the standardized food plan. Since food stamp levels are based on the nationally-averaged cost, people in the areas we surveyed would be unlikely to be able to afford adequate food if they were dependent on the food stamp allowance. The Ford Foundation is sponsoring a national food pricing study in poor rural areas of the U.S. to be carried out by Public Voice this year. In addition, there are a number of other food pricing methods available.

Regarding collecting information about household resources and experiences in obtaining adequate food, community surveys have developed excellent methods. While many community surveys have developed such survey instruments, I would like to mention one methodology in particular. This is the approach used by the Community Childhood Hunger Identification Project (CCHIP). This project, managed by the Food Research and Action Center, is conducting a series of very careful hunger surveys in different U.S. communities using a standardized approach which collects much of the data required to assess food security, with the exception of local food costs. These methods can make an important contribution towards developing a national model for food security assessment.

We come now to the question of what national and community surveys can do to collect the needed food security information in the future. National surveys could provide much more information about food security than they do now. The USDA National Food Consumption Survey should be redesigned to provide basic information about food insecurity including information about emergency food use of those interviewed as well as detailed information about any problems they have obtaining adequate food and the consequences on their household food patterns. No U.S. agency now has the mandate to collect information about emergency food use, even though millions of Americans now

depend on these sources to feed their families. I suggest that this be the responsibility of the USDA. If the USDA National Food Consumption Survey and HANES include adequate questions about food security, these surveys would be able to provide policy-makers with estimates of the prevalence of food security problems in the United States and also be able to define, in general terms, groups most at risk for these problems. If the National Nutrition Monitoring Bill is authorized and develops the capacity to examine food security issues as well as nutritional status, this will make an essential contribution to hunger monitoring. In summary, national surveys of food, nutrition, and health could be designed to estimate food security problems on a national level. Because the surveys are statistically too small to provide information about specific local areas, community surveys will be required to gather this information.

Community survey methods in all the three areas needed to assess food security are now available. What is needed is an effort to combine the three types of information, so that food security can be more comprehensively assessed. Community surveys, therefore, will be the policy-maker's key resource in assessing food security. Only surveys at the local level will provide policy-makers with specific enough information to design effective policies to reduce food security problems. One government resource that could make an important contribution to local food security assessment is the EFNEP program of USDA's Extension Service. Federal support will be necessary to collect food security information at both the national and local levels.

In summary, the redefinition of hunger in terms of food security now provides policy-makers with a specific way to define, measure and monitor hunger problems. National and community survey methods are available to gather this information to explain the main causes of food insecurity problems and design more effective ways to reduce it.

PREPARED STATEMENT OF LINDA RANDOLPH, M.D., DIRECTOR, OFFICE OF PUBLIC HEALTH, NEW YORK STATE DEPARTMENT OF HEALTH

First, I would like to describe briefly the current food and nutrition initiatives in New York State. These include a full complement of Federal food programs and the State-funded Supplemental Nutrition Assistance Program (SNAP).

SNAP/WIC expands WIC caseload beyond what could be supported with federal grant alone and supports WIC projects on-site in major welfare hotels in NYC. It also expands funding for Home Delivered Meals for the Elderly.

We provide funds for the Homeless and Destitute for seven Regional Food Banks and other Umbrella agencies to cover food and operating expenses to local emergency food relief (EFR) sites (FY88-89: $3.1 M to 925 EFR sites).

Larger grants provide direct funding to some EFR sites for food and operating expenses. These grants target high priority populations such as persons with AIDS, homeless families in welfare hotels and counties with few EFR sites (FY88-89: $2.0 M, 37 contracts). There are also direct grants for purchasing capital equipment to improve food storage and food preparation capabilities (FY88-89: $1.0 M, 194 sites).

In the area of Nutrition Resource Management, we provide funding to Food Banks to hire nutritionists to improve the quality of food used by EFR sites and to improve ood safety practices.

For Distribution Projects, we provide additional funding to Food Banks to improve the flow of donated and SNAP purchased foods through establishing satellite sites, leasing trucks, etc. This will enable more EFR sites to become part of the Food Bank network.

Our Nutrition Outreach and Education Program (State funded) provides grants to local agencies to enroll people in federal food assistance programs. For FY88-89: $900,000 was allocated to 24 projects covering all or parts of 37 counties. There has been increased participation in school lunch and breakfast, summer feeding program, and child care feeding program; 35% of applicants who were assisted in applying for Food Stamps ultimately received benefits. Reduced barriers to Food Stamp participation were reduced in seven counties.

The Council on Food and Nutrition Policy (State Funded) was established to coordinate the food and nutrition programs and policies of state agencies; to address issues of food accessibility, nutrition and health, food supply; and has produced "The 5-Year Plan for Food and Nutrition Policy in New York State", which I will be pleased to submit for the record.

Second, I will describe Nutrition Surveillance Work in NYS. Nutrition surveillance provides information to assist in making policy and program-related decisions that affect nutritional status. Activities include the regular and timely collection, analysis and reporting of data on nutritional status.

Early nutrition surveillance work in NYS concentrated on estimating need for nutrition services in target groups being served by Department of Health programs.

For the elderly, National Health Interview data was utilized to derive an estimate of need for home- delivered meals. County level estimates of the proportion of elderly in New York State in need of home-delivered meals were obtained using data from the 1984 National Health Interview Survey Supplement on Aging. Questions from the survey were selected to categorize elderly according to their need for home-delivered meals and their similarity with the eligibility criteria for program participation. The proportion of elderly persons in need of meals in three age groups, based on responses to these questions, were then multiplied by the most current NYS county population figures to derive the number in need of home-delivered meals.

The advantage of this method for estimating need is that it uses existing information, thus obviating the need for new data collection efforts. The method is limited by the facts that the prevalence estimates obtained from the national survey are not specific to the elderly in New York State; the survey is not conducted routinely so that the information is dated; and the questions asked in

the national survey do not precisely classify the elderly with respect to their need for home-delivered meals nor the program eligibility criteria. These limitations can be overcome by conducting surveys specifically designed to estimate the need for nutrition services among the elderly in New York State.

Nutrition surveillance also refined estimates of need for the WIC population. For the homeless and destitute, need was based on the current amount of Emergency Food Relief services related to updated county level poverty estimates.

We have recently worked on identifying nutrition problems in groups not specifically served by DOH nutrition programs: nutrition and dental survey of school-aged children; and information to measure progress toward achieving Department of Health objectives (from the Health Assurance Model).

Dietary Survey

Statewide baseline estimates of current nutrient intake and food patterns representative of the adult population of New York State are being obtained using the Block Food Frequency Questionnaire (FFQ) in a telephone-based survey. The Block FFQ was developed at the National Cancer Institute and was selected because it provides quantitative measures of usual nutrient intake, is widely accepted in epidemiologic applications, and can be used over the telephone in a cost-effective system of ongoing nutrition monitoring.

In addition to the statewide estimates, nutrient intake and food patterns are being obtained from a sample representative of the New York State population by race, sex, age, poverty, and the New York City versus the rest of the State.

Once the baseline estimates are established, this methodology will be used continuously to measure food patterns and nutrient intake in targeted areas (such as counties and other areas with high rates of heart disease) and to measure changes over time.

Lastly, I will describe our assessment of Emergency Food Relief Sites in New York State and the use of other studies as a basis for estimates of hunger in New York State. Our working definition of hunger is "involuntarily going without food due to lack of resources". Use of Emergency Food Relief is a proxy measure, although all who are "hungry" don't necessarily use emergency food relief.

The 1984-85 census survey of EFR Sites was conducted by Cornell University under contract with the Department of Health. Information on the characteristics of the EFR system was needed for the newly created SNAP-Homeless and Destitute Program. The method was adapted from a similar survey conducted in Massachusetts.

There was no complete listing of all sites in the State, so the first phase of the survey was to develop such a list. Several social service and religious organizations in each county were contacted to obtain lists of potential EFR sites. Each site was then contacted by phone to learn about their operation. Because it was known that many sites don't keep accurate records of the number of

people served, questions on the amount of service delivery were asked in a more general manner. Sites were then asked, "How many people do you estimate you serve?" and answers were given either daily, weekly, or monthly. The survey was done in the winter months when many EFR sites are busiest. Therefore, when asked about their average level of service, sites were likely to respond with their most recent experience, which may have overstated the true level of service throughout the year.

The results showed 1,256 programs throughout New York State serving 141 6 units of service per week (number of meals at soup kitchens plus number of people at food pantries). Results also showed an underestimated number of sites and amount of service in NYC.

Ongoing Monitoring

The Department of Health was interested in regularly monitoring the use of EFR as an indicator of hunger. A sample of EFR sites was selected from the original census. These sites were called monthly or quarterly to obtain information on the amount of service. Soup kitchens were asked to keep a daily record of the number of meals served at each meal time; whereas, food pantries were asked to record monthly totals of the number of households served. Data from the sample was then extrapolated to arrive at an estimate of the total amount of service being delivered throughout the state.

The process was labor intensive. The total population of EFR sites in the State is quite fluid, with sites closing and new ones opening frequently. It is not clear whether the sample continued to

represent the total population of EFR sites. Lastly, the sample was selected to represent the six public health regions of the State, but data was needed at the county level. Selecting a sample to be representative of all counties would have resulted in an unmanageably large sample.

Extrapolation of sample data indicated that from July, 1985, through June, 1986, 2,976,000 individuals were served at food pantries and 8,257,000 meals were served at soup kitchens.

Rather than continue with monitoring a sample of sites, the Department chose to repeat the census of all sites on a regular basis. The next full census was begun in February, 1988. The same procedure of calling local social service agencies was used to develop the preliminary list of sites. The actual survey was conducted in two phases: the first phase was a mailed questionnaire which was to be completed by the site and returned in a pre-addressed, stamped envelope. A reminder postcard was sent approximately two weeks after the forms were initially mailed out. Any sites not returning a completed form by the deadline date were then called to obtain the ncessary information. Approximately 50% of Upstate sites returned a completed form by mail, while only 20% of NYC sites did so.

This time, the questions on the amount of service were phrased more precisely. Sites were asked to report on the total amount of service delivered in 1987 or the amount delivered in January, 1988. (The monthly monitoring system revealed that the amount of service delivered in January was approximately equivalent to

the monthly average for the year.) Even so, only about 50% of sites could give actual figures in answer to either question.

The results were that there were 328 soup kitchens throughout NYS serving 6,376,000 meals per year and 1,554 food pantries serving 5,261,800 people per year.

The major difficulties in collecting data from EFR sites included: (1) lack of recordkeeping by EFR sites and (2) largely volunteer staff who were difficult to reach and might not know numbers. Later surveys used more refined methods of obtaining information on numbers served. Therefore, the different surveys are not comparable.

Estimates of hunger in New York State using methods from other sources and studies

A. The 1976-77 National Food Consumption Survey included a question about the household's perception of the adequacy of its food supply. Thirteen percent of poor households reported that they occasionally or often do not have enough food. Applying this rate to the 1985 estimates of the poverty population in NYS yields an estimate of 465,920 low-income people without sufficient food.

This survey was conducted in the late 1970s, before substantial cuts in public benefit programs and the recession of the early 1980s. Rates among low-income households may be higher now. These figures also do not include any measure of hunger among the

working poor. This group may be especially vulnerable to hunger due to ineligibility for many food programs.

B. In 1985, the County Executive of Suffolk County commissioned a study of hunger and malnutrition. The study consisted of a random phone survey of over 1,000 low-income adults in Suffolk County, augmented by face-to-face interviews with public assistance clients. The definition of chronic hunger used by this study was low weight for height due to lack of food. The study also calculated a rate of "episodic" hunger, which was defined as missing one or more meals in the past six months due to lack of food.

The rate of chronic hunger among adults was 1-2%, while the rate of episodic hunger was 4-5%. Applying these rates to the 1985 estimate of the adult population in NYS yields an estimate of from 126,000 to 252,000 chronically hungry adults and 567,774 adults experiencing episodic hunger.

The definition used for chronic hunger in this study was severe. People who are normal weight or overweight could also be experiencing bouts of inadequate food which could lead to health problems. Also, this study did not attempt to determine the rate of hunger among children.

C. In NYS in 1985, 40.5% of those with incomes below 125% of the poverty index are not receiving food stamps. This group of people are at risk of being hungry due to lack of resources. This rate translates to 1,451,520 New Yorkers at risk of hunger. Again, this figure does not include any portion of those above 125% of the poverty

line who may also be at risk of hunger. It also assumes that everyone who receives Food Stamps is able to purchase an adequate diet.

D. The method used by the New York State Coalition Against Hunger to estimate the number of people at risk for hunger in NYS was similar to the method used by the Physician's Task Force on Hunger. This method assumes that all those people below poverty who do not receive food stamps are at risk of hunger, as well as 50% of those who do get food stamps. This method yields an estimate of 2.5 million New Yorkers at risk of hunger.

The last two methods estimate the number of people at risk of hunger, whereas the first two methods attempt to estimate the number of people who are actually hungry or who have insufficient food. The range of estimates are wide: from a low 126,000 chronically hungry adults to a high of 2.5 million people at risk of hunger.

E. In 1986-87, all soup kitchens in five urban areas Upstate were asked to participate in the study of soup kitchen users in Upstate cities. Twenty-nine soup kitchens (82%) agreed. A randomly selected sample of clients was interviewed by trained personnel at each site. Interviews were conducted on different days of the week and at different meal times in order to obtain a representative sample of soup kitchen clients. A total of 500 clients were interviewed. The method worked quite well and is being replicated in soup kitchens in NYC and with food pantry clients throughout the State.

1. 17% were in households with children; 9% in households with pre-school children

2. 18% were working part or full-time

3. 95% had incomes less than 130% of poverty; 55% less than 50% of poverty

4. 17% were "homeless" -- living in a shelter or on the street

5. 23% had no health insurance

6. 50% were on Food Stamps

F. Another study, "Evaluation of Food Program Use by Emergency Food Relief Clients", is designed to explore the extent to which EFR clients are using the EFR system to substitute for existing food programs. (This study is being conducted at the request of the State Legislature.) The study is being conducted in two phases.

In the first phase, the method used in the previous study of Upstate soup kitchen clients will be replicated in food pantries Upstate and in soup kitchens and food pantries in NYC. In the second phase, three areas of the State will be selected for more in-depth investigation: one urban, one suburban, and one rural.

In these three areas, in-depth interviews will be conducted with EFR clients to collect detailed information on monthly resources and expenditures, participation in food programs, and food

frequency. Also, focus groups will be conducted with EFR clients to learn about barriers to existing food programs. Finally, the Thrifty Food Plan will be costed in a sample of markets in the three ares. Data will be available in Summer, 1989.

G. The Community Childhood Hunger Indentification Project (CCHIP) will be conducting a survey in Suffolk County and in Queens. The methodology and questionnaire has been developed by FRAC. The information gathered will be used to advocate at the local level for program changes.

Use of Information for Policy and Program Decisions: The first EFR census proved that hunger exists Upstate as well as in New York City. This led to increasing the SNAP budget.

The EFR census data on the amount of service delivered by county has been compared to poverty rates to identify counties which are underserved. These have been given higher priority for further SNAP funding.

Information on the nutritional quality of food served at soup kitchens led to the funding of Food Bank nutritionists to improve nutritional quality of food at all kinds of EFR sites and to improve food safety practices.

Information on transportation problems of EFR sites led to funding Food Banks to enhance food distribution network.

National Level Support: We need a standard definition of hunger and a standard methodology for determining if people are suffering from hunger. While there is significant research to be undertaken in the field of nutrition surveillance, certain models such as the Community Childhood Hunger Identification Project (CCHIP) are available which won't require extensive, lengthy research before implementation. The CCHIP questionnaire could be used as a model.

Standardized questions should be included in national surveys such as NHANES, the USDA National Food Consumption Survey, and National Health Interview Surveys to continuously monitor levels of hunger.

In conclusion, as we are all well aware, a data collection system needs to be closely tied to decisions on policies and programs. There is no point in collecting data which identifies hunger as a national problem if it is not going to be used to address the problem.

Prepared Statement of John W. Bode, Assistant Secretary for Food and Consumer Services, U.S. Department of Agriculture

Mr. Chairman and members of the Committee, I am John W. Bode, Assistant Secretary for Food and Consumer Services for the U.S. Department of Agriculture. I would like to thank you for the opportunity to discuss the issues of food security and hunger. The Department has a long standing commitment to improve the dietary status of all Americans. Indeed, a primary mission of the Department is to assure that all Americans have sufficient, wholesome, and nutritious food available to them. Responsibility for carrying out this mission is divided among several USDA agencies. For example:

The Food and Nutrition Service administers food assistance programs that provide more than 20 billion dollars per year to Americans who meet eligibility requirements and request assistance.

The Extension Service provides information and educational programs throughout the country. Extension's Expanded Food and Nutrition Education Program is targeted to low-income families.

The Human Nutrition Information Service conducts research to monitor the American diet and to develop research-based dietary guidance. Familiar products of this Agency include data on the consumption of foods by Americans and on the nutritive value of those foods. These activities are a major part of the National Nutrition Monitoring System (NNMS). Within the USDA, the Human Nutrition Information Service has primary responsibility for NNMS--a system of interconnected activities, primarily in USDA and the Department of Health and Human Services (DHHS), that are essential to providing timely information about the dietary and nutritional status of Americans and factors that affect that status.

The goals of NNMS are outlined in the Joint Operational Plan submitted to Congress in 1987. This plan updates and expands the monitoring efforts that were outlined in the Joint Implementation Plan that was submitted to Congress in 1981. Coverage of population groups at risk, such as the low-income population, has been a major focus of the Department since the mid-70's. For example, the Department has carried out low-income food consumption surveys in 1977-78; 1979-80; 1985; 1986; and 1987-88. With the reinitiation of the Continuing Survey of Food Intakes by Individuals (CSFII) on April 1, we will have in place continuous monitoring of the dietary status of the low-income population. The first results will be available following the 1990 data collection.

In addition to obtaining information on the food and nutrient intakes of all-income and low-income individuals, the CSFII has been designed to accomodate modules on specific topics. The CSFII in 1989 will include a followup questionnaire on the diet and health knowledge of survey respondents. Other special topics are possible in future years.

The Department welcomes the opportunity to examine the issue of hunger in some depth. We believe that the purposes of this hearing--to review methods used to examine hunger and to discuss the potential of standardizing data collection instruments--are a major step forward.

My remarks today will cover two areas: First, the need for a definition of hunger; second, a description of the several ways in which USDA has measured food sufficiency.

DEFINING HUNGER

The United States produces food in sufficient quantities to feed not only itself but also to export in huge amounts. Indeed, our well-publicized government-stored food surpluses have been more of a problem than food scarcity. Obesity and over-eating are more frequent health problems in the U.S. than undernutrition from lack of food. Famine of the type encountered in such areas as drought-stricken Africa is unknown here. There is no shortage of any variety of food item in our supermarkets and food stores. Food is relatively cheaper than it has been at any time in our history. In 1986, consumers' expenditures for food were about 15% of their total expenditures, down from 19% in 1980.

None of this, of course, guarantees that the pattern of distribution of food in our society safeguards all individuals and groups from experiencing hunger and undernutrition. Lack of money to buy food is not the only possible cause of hunger. Ignorance of proper nutrition can result in undernutrition and, in extreme cases, in malnutrition. Senility, parental neglect, physical and psychological handicaps, and substance addiction can all cause hunger problems.

There is no doubt that intractable pockets of poverty remain in America, and that for some, the problem of providing adequate nutrition for their families is a daily concern. But what is hunger? Undernutrition and malnutrition are clinical states easily measured by physicians. Hunger, on the other hand, is "subclinical." In other words, it is a subjective impression best "measured" by the person

actually experiencing it. While this may seem obvious, the distinction is important, because different people understand different things by the word "hunger," and this poses a serious public policy question which must be addressed. It is obviously not the feeling of hunger that is the proper focus of policy, because such feelings are experienced voluntarily by millions on weight reduction diets every day, and several major religions prescribe fasting and abstinence from particular foods during appropriate holy seasons. It is the association of hunger and poverty, or the involuntary experience of prolonged hunger which leads to malnutrition, that should be of concern.

We believe that the first step in examining the extent of hunger must be the development of a working definition of hunger. A clear and accurate definition is, of course, essential to meaningful measurement.

MEASURING HUNGER

The USDA has no operational definition of "hunger" in terms of food sufficiency. However, using data obtained in our Nationwide Food Consumption Surveys (NFCS), we have measured food sufficiency in several ways. These include:

(1) Self-reports of food sufficiency. Since 1977, the Department has included in its nationwide surveys a question that asks the household food manager to evaluate the sufficiency of the household food supply.

The question is shown in Attachment No. 1. The household food manager is asked "Which of the following statements best describes the food eaten in your household:"

Enough of the kind of food we want to eat,
Enough but not always what we want to eat,
Sometimes not enough to eat, or
Often not enough to eat.

In the 1977-78 Nationwide Food Consumption Survey, this question was answered by about 4,400 low-income households and 14,000 all-income households. Thirteen percent of the low-income households and 3% of the all-income households reported not having enough to eat sometimes or often.

Data from this survey show some similarities in the characteristics of households who describe their food supply as not enough. Households more likely to describe their food supply as not enough were located in the Northeast or West in urban areas. Household members were more likely to be black, less educated, have lower incomes, to participate in the Food Stamp Program, and to be unemployed. They were more likely to be nonhomeowners, to not share their food supply with guests, and to have lower food expenditures.

Analysis of data from the 1985 Continuing Survey of Food Intakes by Individuals indicates that about 14% of women in low-income households and 4% of women in all-income households reported not having enough food. These percentages are similar to those from the 1977-78 survey.

When we break the low-income sample into two groups--households participating in the Food Stamp Program and those eligible but not participating--we find that a larger proportion of participating women report not having sufficient food than do nonparticipating women (22% and 9%, respectively). This difference is not accompanied by a difference in nutrient intakes; Food Stamp participants had as good or better intakes of most nutrients. Perhaps individuals who participate in the Food Stamp Program have a greater interest in food than individuals who do not participate. This might explain why they are more likely to report not having sufficient food. It might explain also why eligible nonparticipating households have not applied for the Food Stamp program.

Another interesting issue is the question of obesity among the low-income population. Obesity is a risk factor in several chronic diseases and the increased prevalence of obesity among the low-income population has been associated with increased prevalence of some of these diseases. Of couse, there is not a causal relationship between poverty and obesity.

(2) Diet quality in terms of available or actual intakes of foods, food energy, or nutrients. A second way of looking at household food sufficiency is to measure the food energy and nutrient intakes of individuals and to compare these intakes among various groups in the population or against some standard such as the Recommended Dietary Allowances (RDA).

USDA's 1985 data on women and their young children show no major differences in nutrient consumption levels between the low income and the all income group.

We have evaluated data for all-income and low-income women and children from the 1985 Continuing Survey of Food Intakes by Individuals. Results indicated that both low-income women and high-income women had mean intakes that were below the RDA for the same six nutrients--vitamin B-6, calcium, magnesium, iron, folacin, and zinc (Attachment No. 2). Low-income women but not high-income women were below the RDA for vitamin E. Both groups of women had intakes above the RDA for the other six nutrients examined. Regardless of income, children had intakes below the RDA for iron and zinc, but not of other nutrients. Nutrient intakes of women in households that were participating in the Food Stamp Program were the same as or higher than those of individuals who were eligible but not participating.

A study using 1977-78 data that evaluated food energy and nutrient intakes in terms of the Recommended Dietary Allowances (RDA) found that intakes of individuals from households in which the food supply was described as not enough were lower than those in which the food supply was described as enough. This was also true in our 1985 survey but the differences were not large. These data do not mean that hunger abounds. The RDA are not intended to be cutoffs for indicating hunger; however, the risk of nutritional deficiency is greater the further intakes fall below the RDA.

(3) Economic status in terms of reported income, assets or other indicators of economic status such as food expenditures. A third measure used by some as indicators of food sufficiency is data on food expenditures and income. Attachment No. 3 shows some results from an analysis of all-income households from the NFCS 1977-78. The mean income of households in which the food supply was described as not enough was considerably lower than that in which the food supply was described as enough. Food expenditures were also lower for households in which the food supply was described as not enough. Even so, there were only small differences in Calorie intake between these two types of households. Thus, the households who described their food supply as not enough also spent less per 1,000 Calories and per percentage of RDA. In effect, they got more Calories for their dollar.

The foregoing discussion is intended to point out that there are a number of ways in which hunger or food sufficiency can be measured. There are additional measures that have been used by other groups around the country. Deriving a nationwide estimate of hunger requires adequate sampling, valid and unbiased questions, and broad coverage of the various measures of food sufficiency.

DERIVING NATIONAL ESTIMATES OF HUNGER

You asked in your letter to Secretary Yeutter about the Department's views on using food security data from state and local surveys. To date, State and local studies that purport to measure hunger have not been comprehensive and are frequently anecdotal. It is not clear to us how the questions that are used are developed and what testing has

been done to assure that the questions measure what is intended and are not biased toward obtaining a specific answer. It is difficult for us to see, therefore, how these state and local data could be used appropriately to derive estimates of hunger that are applicable to the country as a whole. Data from the National Nutrition Monitoring System are intended to be used for policy purposes, the questionnaires are rigorously tested, protocols contain important quality control measures, and the households questioned represent a randomized sample of the low-income population in the 48 contiguous States. These data are the best source of information available on this important topic.

In conclusion, the Department welcomes this committee's interest in the area of food security and hunger. We look forward to working with you in the future.

Self Evaluation of Food

	Percent of households
Enough, kind wanted	38
Enough, not kind wanted	49
Sometimes not enough	10
Often not enough	3

Source: Survey of Food Consumption in Low-Income Households 1977-78.

ATTACHMENT NO. 1

ATTACHMENT NO. 2

United States Department of Agriculture

Human Nutrition Information Service

Nutrition Monitoring Division

NFCS, CSFII Report No. 85-1

CSFII

Nationwide Food Consumption Survey Continuing Survey of Food Intakes by Individuals

Women 19-50 Years and Their Children 1-5 Years, 1 Day

ABSTRACT

This report presents 1-day food and nutrient intake data for 1,503 women 19 to 50 years of age and 548 of their children 1 to 5 years of age in the 48 conterminous States. Data collection began April 1, 1985, and continued into June 1985 as part of the Continuing Survey of Food Intakes by Individuals conducted by the U.S. Department of Agriculture. Data were collected using a 1-day recall in a personal interview, and are compared with data collected in a comparable manner for individuals of the same ages in the Nationwide Food Consumption Survey 1977-78, spring quarter (April through June). Data are provided in 54 tables, and major results are summarized. Food intakes are aggregated in 60 food groups and subgroups and are tabulated for children 1 to 3 years of age, children 4 to 5 years, children 1 to 5 years, and women 19 to 34 years, 35 to 50 years, and 19 to 50 years. Mean quantities of foods eaten per individual per day and percentages of individuals who reported eating any food from the specified food groups and subgroups are presented. Tables of the mean intakes of food energy and nutrients and comparisons of intakes with the 1980 Recommended Dietary Allowances are provided for individuals in households classified by income, race, and location (urbanization and region). Also presented are tables of the nutrient densities of diets (intakes of nutrients per 1,000 kilocalories); the percentages of total food energy from protein, fat, and carbohydrate; the frequency of eating; and the nutrient contributions of snacks and of food eaten away from home. Other factors related to nutrient intakes are included, such as the percentages of individuals following special diets or using vitamin and mineral supplements. Characteristics of the sample are included also.

KEYWORDS: Dietary survey, food intake, food away from home, frequency of eating, nutrient density, nutrient intake, snacks, supplements, women, children.

November 1985

ACKNOWLEDGMENTS

The Continuing Survey of Food Intakes by Individuals 1985 was conducted by the Nutrition Monitoring Division, Human Nutrition Information Service, U.S. Department of Agriculture, under the general direction of Robert L. Rizek, Division Director. The sample was designed and the data collected under contract by National Analysts, a division of Booz, Allen and Hamilton, Inc.; Beth B. Rothschild was the project director. Robert B. Reese, chief of the Division's Food Consumption Research Branch had overall responsibility for planning and supervising the survey. Howard A. Riddick supervised a team of nutritionists, home economists, and economists--Cecilia Wilkinson Enns, Kathryn H. Fleming, Kerry B. Greer, Patricia M. Guenther, Sharon J. Mickle, and Carol A. Tuszynski--in developing plans for coding and tabulating the individual food intake data, analyzing the results, and writing this report. Assistance was also provided by Alexander Kipnis, Gail Hutchinson Kirby, Marva J. Philip, Teresa L. Robinson, Heidi G. Sanbower, and Maia M. Baudelaire. Katherine S. Tippett coordinated the preparation of the report. Brucy C. Gray, Renee A. Powell, and Jan L. Janiczek were responsible for data processing, and technical assistance was provided by Helena M. Chang, Joseph D. Goldman, and Anhtram C. Vu. Frank N. Hepburn and the Nutrient Data Research Branch provided food composition values. Carole A. Davis and the Guidance and Education Research Branch provided gram conversion information. Johna L. Pierce, Gerald Smith, and Shirley A. Shirron provided editorial and production assistance. Joanne Rosenthal Levine and staff produced the final camera-ready copy.

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ATTACHMENT NO. 2 - Page 3

TABLE 3.1.--NUTRIENT INTAKES AS PERCENTAGE OF 1980 RECOMMENDED DIETARY ALLOWANCES: MEAN PER INDIVIDUAL IN A DAY, BY INCOME LEVEL, SPRING 1977 AND SPRING 1985

INCOME LEVEL AND AGE OF INDIVIDUALS (YEARS)	INDIVIDUALS		FOOD ENERGY		PROTEIN		VITAMIN A		ASCORBIC ACID		THIAMIN		RIBOFLAVIN		NIACIN	
	1977	1985	1977	1985	1977	1985	1977	1985	1977	1985	1977	1985	1977	1985	1977	1985
	---NUMBER---		---PERCENT---													
UNDER 131% POVERTY:																
CHILDREN:																
1-3	82	98	88	107	192	238	192	200	158	161	144	161	188	202	127	161
4-5	78	63	85	93	190	217	118	184	131	169	123	143	153	174	121	156
ALL	160	162	86	101	191	230	156	194	145	164	134	154	171	191	124	159
WOMEN:																
19-34	218	176	73	80	139	144	98	110	111	103	100	109	103	111	109	130
35-50	132	117	75	76	141	142	109	97	119	115	107	106	102	104	121	122
ALL	350	293	74	78	140	143	103	105	114	108	102	108	103	109	114	127
131-300% POVERTY:																
CHILDREN:																
1-3	146	157	96	106	211	238	143	265	151	179	127	162	186	213	116	146
4-5	130	79	85	87	180	183	162	186	159	189	113	130	157	174	120	130
ALL	276	237	91	100	196	220	152	239	155	182	120	151	172	200	118	140
WOMEN:																
19-34	414	313	78	83	146	142	103	137	120	137	96	114	108	120	118	131
35-50	279	199	75	79	138	145	99	137	127	130	100	111	107	113	118	122
ALL	693	512	76	81	143	144	101	137	123	134	98	113	108	117	116	132
OVER 300% POVERTY:																
CHILDREN:																
1-3	97	63	98	102	218	207	225	219	173	227	135	161	186	198	132	148
4-5	68	40	95	104	217	238	143	155	178	253	126	154	169	203	152	192
ALL	165	104	97	103	217	219	191	194	175	237	132	158	179	200	140	165
WOMEN:																
19-34	462	256	83	87	151	145	110	143	142	166	98	112	110	121	120	133
35-50	352	252	77	84	149	146	114	143	132	134	98	108	109	115	130	132
ALL	814	508	81	86	150	145	112	143	138	150	98	110	110	118	124	132
ALL INCOME LEVELS:																
CHILDREN:																
1-3	376	336	93	106	205	232	175	234	151	183	131	161	183	205	121	151
4-5	315	211	87	92	191	206	142	185	157	192	120	141	160	193	127	152
ALL	690	548	90	100	198	222	160	215	154	186	126	153	172	197	124	151
WOMEN:																
19-34	1,287	854	79	83	145	144	103	128	125	137	97	112	108	117	116	136
35-50	942	649	76	80	144	144	106	126	131	128	101	108	106	111	124	128
ALL	2,228	1,503	77	82	145	144	104	127	128	133	98	110	107	115	120	138

CONTINUED--

ATTACHMENT NO. 2 --page 4--

TABLE 3.1.--NUTRIENT INTAKES AS PERCENTAGE OF 1980 RECOMMENDED DIETARY ALLOWANCES: MEAN PER INDIVIDUAL IN A DAY, BY INCOME LEVEL, SPRING 1977 AND SPRING 1985--CONTINUED

INCOME LEVEL AND AGE OF INDIVIDUALS (YEARS)	VITAMIN B6		VITAMIN B12		CALCIUM		PHOSPHORUS		MAGNESIUM		IRON		VITAMIN E	FOLACIN	ZINC
	1977	1985	1977	1985	1977	1985	1977	1985	1977	1985	1977	1985	1985	1985	1985
	PERCENT														
UNDER 131% POVERTY:															
CHILDREN:															
1-3	114	136	153	211	87	95	100	122	102	124	58	68	160	194	77
4-5	78	103	120	152	84	105	115	141	82	106	96	111	89	97	94
ALL	96	123	137	188	86	99	107	130	92	117	77	95	133	156	84
WOMEN:															
19-34	57	61	100	176	69	68	116	117	63	62	54	63	91	96	61
35-50	56	54	99	128	64	63	111	118	68	64	56	62	86	95	60
ALL	57	58	100	157	67	66	114	117	65	63	55	62	83	95	61
131-300% POVERTY:															
CHILDREN:															
1-3	107	137	162	196	97	112	112	133	111	131	55	70	150	184	79
4-5	89	99	150	206	92	105	116	130	91	98	97	109	103	114	90
ALL	99	124	157	199	94	110	114	132	101	120	75	83	101	161	83
WOMEN:															
19-34	59	63	113	160	74	84	121	129	69	70	54	64	107	53	59
35-50	57	61	118	208	66	72	112	121	72	73	56	61	95	50	60
ALL	58	62	115	178	71	79	117	126	70	71	55	62	102	52	59
OVER 300% POVERTY:															
CHILDREN:															
1-3	106	150	214	180	88	96	108	120	114	133	59	70	88	193	69
4-5	98	134	146	178	95	112	132	155	99	127	98	137	94	129	110
ALL	103	144	186	179	91	102	118	134	108	130	75	97	91	168	85
WOMEN:															
19-34	64	66	118	150	75	85	124	133	72	76	56	61	99	53	60
35-50	62	62	151	132	65	82	117	129	78	78	63	61	105	53	62
ALL	63	64	132	141	71	84	121	131	75	77	59	61	102	53	61
ALL INCOME LEVELS:															
CHILDREN:															
1-3	105	139	171	197	90	103	106	127	107	129	56	70	116	188	77
4-5	88	109	140	183	91	108	120	141	91	107	97	116	96	106	94
ALL	97	127	157	192	90	105	112	132	100	121	74	88	108	157	84
WOMEN:															
19-34	60	63	118	150	74	81	121	128	69	72	54	63	98	52	60
35-50	59	59	126	154	64	75	115	123	74	72	59	60	96	49	59
ALL	60	61	121	156	69	78	118	126	71	72	56	61	97	51	60

NOTE: SEE "TABLE NOTES."
SOURCE: NFCS-CONTINUING SURVEY OF FOOD INTAKES BY INDIVIDUALS, 1985, AND NFCS 1977-78.

ATTACHMENT NO. 3

EXPENDITURES FOR FOOD AND OTHER CHARACTERISTICS OF HOUSEHOLDS IN WHICH THE FOOD SUPPLY IS DESCRIBED AS ENOUGH OR NOT ENOUGH (USDA's Nationwide Food Consumption Survey, 1977-78, All Income)

Household Characteristics	Enough	Not Enough
Number of households[1]	9,980	358
Money value of household food supply ($)		
per household per week	46.05	40.19
per 21 meal-equivalent person	18.50	15.06
per 1,000 Calories	0.87	0.74
per percentage point of Recommended Energy Intake	0.34	0.31
Energy level of household food supply per 21 meal-equivalent person per day (calories)	3,117	2,994
Household size		
individuals/household	2.98	3.29
21 meal-equivalent persons/household	2.71	3.01
Income, last month/person/week ($)	109.00	39.42

[1]Households included only those whose records were usable in a regression analysis which included over 40 variables.

HNIS (1/87)

PREPARED STATEMENT OF J. MICHAEL MCGINNIS, M.D., DEPUTY ASSISTANT SECRETARY FOR HEALTH, DISEASE PREVENTION AND HEALTH PROMOTION, PUBLIC HEALTH SERVICE, U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Mr. Chairman, I am Dr. J. Michael McGinnis, Deputy Assistant Secretary for Health for Disease Prevention and Health Promotion with the Public Health Service of the U.S. Department of Health and Human Services (DHHS), and Chairman of the Department's Nutrition Policy Board. I appreciate this opportunity to provide testimony at this hearing on food security in low-income populations and on the prospects for data collection and monitoring to address these issues.

DHHS places high priority on improving the health and nutritional status of low-income Americans. Low-income populations have higher rates of morbidity and mortality that are, in part, related to nutritional factors. For example, maternal nutrition is a factor in low birth weight, and low birth weight contributes substantially to the increased infant mortality rates observed in low-income populations. Obesity is also more prevalent in low-income populations. It is a risk factor for chronic diseases and conditions such as diabetes, high blood pressure, and cardiovascular disease, conditions that cause substantially higher rates of morbidity and mortality among low-income populations.

My intention today is (1) to provide a brief overview of DHHS nutrition monitoring activities directed to low-income populations, (2) to illustrate how these data are used for decision-making, (3) to highlight three activities underway that will improve our ability to assess relationships between chronic food insufficiency and nutritional status, and (4) to outline our plans for further strengthening Federal and State relations in the nutrition monitoring arena.

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*Food security is defined as the ability to assure access to conventional food sources on a consistent basis.

Nutrition Monitoring of Low-Income Populations in DHHS

DHHS activities that monitor the nutritional status of low-income populations are part of the National Nutrition Monitoring System (NNMS), a complex assortment of interconnected activities that provide regular information about the contribution of diet and nutritional status to the health of the American people, and about factors affecting diet and nutritional status. The goals of the NNMS are included in the "Operational Plan for a National Nutrition Monitoring System," updated by DHHS and the U.S. Department of Agriculture (USDA) in 1987. The plan pledges attention to identifying high-risk groups and coverage gaps, implementing survey designs capable of making estimates for targeted groups, and, to the extent feasible within fiscal constraints, conducting special surveys of groups not covered in national surveys or existing surveillance systems. Improved coverage of major population groups at risk is an explicit focus of the plan.

Achievement of the plan's goals and increasing the overall effectiveness and productivity of nutrition monitoring efforts is the responsibility of the government-wide Interagency Committee on Nutrition Monitoring (ICNM), established last year. The ICNM is co-chaired by the Assistant Secretary for Health, DHHS, and the Assistant Secretary for Food and Consumer Services, USDA, whose surveys form the cornerstone of the monitoring system. A directory of the programs included in the NNMS will be published in early summer. A summary of DHHS survey and surveillance activities relevant to nutritional status assessment of low-income populations, based on a 1987 review of DHHS activities, will be distributed in the near future. In the interim, I would like to submit

the executive summary of the contractor's technical report for the record.

Two centers within the Centers for Disease Control have major responsibility for nutrition monitoring of low-income populations. The first is the recently formed Center for Chronic Disease Prevention and Health Promotion (CCDPHP). This center maintains the Pregnancy Nutrition Surveillance System and the Pediatric Surveillance System which monitor the nutritional status of high-risk pregnant and pediatric populations, respectively. Readily available data are collected from service delivery programs operated by participating State and local health jurisdictions and from the Federal Health Resources and Services Administration. More than 35 States participate in the Pediatric Surveillance System, and 14 in the Pregnancy Surveillance System. These systems provide information about the prevalence of overweight, underweight, retarded linear growth, and anemia among high-risk children. Among women, surveillance data are collected in regard to anemia, abnormal weight changes during pregnancy, birth weight of the child, and whether breast or bottle feeding is used and for how long. As part of a departmental initiative, the collection of surveillance data on nutritional and other risk factors in pregnancy is now being extended in collaboration with State health departments. Another initiative particularly germane to the development of methodology for assessing access to food is testing the feasibility of collecting information on cases of severe pediatric undernutrition in collaboration with four State health departments. I will describe it later.

The second CDC component is the National Center for Health Statistics (NCHS). As the Federal government's principal health

statistics agency, NCHS conducts a broad program of data collection and interpretation on all aspects of health, including nutrition. Although directed toward the general population, many NCHS data systems can provide information about low-income groups. These systems provide nutrition-related information from personal interviews, examinations, epidemiologic follow-up, and review of health care provider and vital records systems. The major nutrition program of NCHS is the National Health and Nutrition Examination Survey, which I will describe in more detail later.

Some nutritional assessment of selected low-income populations is also undertaken as part of the service delivery programs of the Indian Health Service, the Health Resources and Services Administration (Maternal and Child Health, Primary Care Programs (Rural-Urban), and Migrant Health); the Health Care Financing Administration (Early and Periodic Screening Diagnosis and Treatment (EPSDT) Program); and the Administration for Children, Youth and Families of the Office of Human Development Services (Head Start Program).

Uses of Nutrition Monitoring Data to Assess Nutritional Status and its Determinants

Although there is always room for improvement, we have found that the information already generated by the Department's surveillance and monitoring systems is very useful. The descriptive information helps in program planning at both the State and Federal levels by contributing to our understanding of the nature and magnitude of nutrition-related health problems in the population. Surveys such as NHANES provide national reference data that can be used as bench marks for smaller studies and in

clinical practice. One of the best examples of this application is provided by the NCHS/CDC Growth Charts that are used to monitor the growth of children both here and abroad. The data from this survey are also vital to assessing the need for changes in fortification policies and other regulatory activities which assure the nutritional quality of the food supply. Finally, the surveys conducted by the monitoring system can be used in epidemiologic research to study the relationships among diet, nutritional status, and disease. The Department's nutrition monitoring efforts provide a number of examples of information targeted toward low-income populations, including:

- The vitamin A status for the vast majority of the population is adequate; however, for Hispanics inadequate intakes may exist. Since the early 1970s, surveys have shown that more Hispanic children have low serum vitamin A values than non-Hispanic white children. The Hispanic Health and Nutrition Examination Survey has found that the higher prevalence among Mexican American children is probably attributable more to poverty and related environmental factors than to ethnicity.
- Iron status for most of the population is satisfactory, and addition of more iron to the food supply is not warranted. However, some segments of the population continue to have impaired iron status which needs treatment, for example through dietary changes or use of supplements. Impaired iron status occurs more frequently among women of childbearing age and young children, with the highest prevalence occurring among minority groups and those living below the poverty level. In the Hispanic Health and Nutrition Examination Survey, impaired iron status was

observed in 9.9 percent of Mexican-American women, about double the rate observed in non-Hispanic white women who were 20-44 years of age.

- Among children from lower-income families residing in six States participating in the Pediatric Nutrition Surveillance System between 1975 and 1985, the prevalence of anemia declined by 60 percent, but it is still higher than that among children from middle-income families. Iron nutriture is usually related to socioeconomic status; however, because of the magnitude and consistency of the decline, and relatively constant family income in the sample States, the decrease in anemia is unlikely to be related to changes in the overall socioeconomic background of children included in the surveillance system. Rather, changes in the prevalence of anemia appear to be due to the beneficial effects of nutrition assistance and public health programs targeted to the low-income population, and to more widespread fortification of infant foods with iron.

DHHS Initiatives That Address Issues of Food Security

While it is clear that nutrition factors are related to the increased morbidity and mortality experienced by low-income populations, it is less clear how the nutrition status of these populations is affected by food security. Current surveys and surveillance activities document the nutritional status of the general population and of children from low-income populations who participate in public health and nutrition programs, but these sources of nutrition data do not currently

have the capability to evaluate the relationship of nutritional status to food security.

The Department is supportive of activities that address these issues in the context of State and local surveys and surveillance, and as part of Federal nutrition monitoring. Surveys incorporating food security questions have been done in some States, and DHHS is supportive of survey activities of this sort. Recently, three initiative have been undertaken that should further our ability to address issues of food security. I would like to describe them for you now.

Surveillance of Severe Pediatric Undernutrition. The Centers for Disease Control has initiated a pilot surveillance activity in four States collecting information on severe pediatric undernutrition. Conducted in cooperation with State health departments in Florida, Mississippi, Louisiana, and Massachusetts, this surveillance activity collects nutritional status data from a variety of health care providers in selected urban and rural sites in each State. Data are collected from hospital inpatient wards, outpatient clinics, emergency rooms, health management organizations, and from such non-medical sources as day care centers and preschools in high-risk areas. Cases are identified on the basis of documented underweight, severe anemia, or clinical malnutrition. Each potential case identified is followed up to confirm the diagnosis and a questionnaire is administered detailing the child's health history, home and caretaking environment, and participation in food and nutrition programs. Food security questions are also included in the questionnaire. These ask whether the child or family has taken meals in a soup kitchen or family shelter or has had to skip meals because of lack

of resources to buy food. In cases where resources have been inadequate to provide food, the specific circumstances are further documented. Follow-up is undertaken to assure that appropriate medical and social services are provided. Data collection from the Surveillance of Severe Pediatric Undernutrition study is just beginning, and results will not be available until 1990.

This surveillance mechanism is intended to serve as a model that could be utilized by other States and localities to better define the prevalence of severe undernutrition cases in high-risk populations, to define the risk factors that may explain the occurrence of these cases, and to arrange for appropriate intervention and follow-up. The results of these pilot surveillance activities should provide insights into the association of food security responses on the questionnaire and the nutritional status of the children. Since the questionnaire is only administered to the caretakers of children who meet the case criteria for severe undernutrition, these data will not provide a statistically adequate basis from which to relate food security to nutritional status in the general or entire low-income population.

Measures of Food Security in the Third National Health and Nutrition Examination Survey (NHANES III). The National Health and Nutrition Examination Survey (NHANES), together with USDA's Nationwide Food Consumption Survey, forms the cornerstone of the National Nutrition Monitoring System, as well as serving as the vehicle for other epidemiologic studies. NHANES III, which began in October 1988, is the latest of a series of studies involving health and dietary interviews,

physical examinations, and diagnostic and biochemical testing of a representative sample of Americans.

NHANES III has two primary nutrition objectives: first, to provide data for the monitoring of nutritional status, including tracking of nutrition-related risk factors and estimation of the prevalence of compromised nutritional status; and second, to provide information useful for studying the relationship between diet, nutritional status, and health.

NHANES III is a truly collaborative study conducted by NCHS with the programmatic and resource support of more than a dozen agencies, centers, and institutes throughout the Federal government. The content of the nutritional component of NHANES III has been planned with recommendations and assistance from a variety of sources. For example, an expert working group sponsored by FDA reviewed data from past NHANES and provided recommendations regarding biochemical and hematologic determinations. A dietary methodology workshop was sponsored by NCHS in March 1986 and provided recommendations for dietary interview methods. In addition to convening special working groups, recommendations and suggestions of topics for inclusion were solicited throughout the Federal government and from nutrition researchers and other data users outside of the government.

NHANES III represents an improvement over earlier surveys. New features include a longitudinal component that will allow follow-up and possible reexamination; automated data collection; and long-term biological specimen banking. These features will increase the scientific yield from the survey and will allow for greater timeliness and responsiveness. In addition, the age range of the NHANES sample has

been extended to include persons ages two months and above. Special sampling of infants, children, the elderly, and minority groups such as blacks and Mexican-Americans will also permit estimates of the health and nutritional status of these groups.

The nutrition component of NHANES III includes body measurements, blood tests for selected indicators of nutritional status, and food frequency and 24-hour dietary recall methodologies that will be used to determine the nutritional status and dietary intake of the population. Interviews also include questions about factors that may influence nutritional status such as meal program participation, the nature of home water supply, history of anemia, infant feeding practices, use of vitamin/mineral supplements, and eating habits and lifestyles.

Because of the growing interest and concern about food security, several groups recommended that NCHS develop and test methods for relating this issue to health. These included the President's Task Force on Food Assistance, the Human Nutrition Information Service of USDA, and a report on "Hunger Surveys in the United States," sponsored by the University of California at Berkeley. NCHS developed and rigorously tested a number of food security questions that were modeled on the one used in USDA surveys and those used in the Connecticut Childhood Hunger Identification Project. The revised questions were incorporated into the NHANES III, and, once the data are collected and analyzed, they will provide a unique opportunity to relate food security responses to detailed nutritional and health status measurements.. A copy of the questionnaire is included as an appendix to my testimony.

Development of a Core Set of Indicators to Assess Nutritional Status of Low-Income Populations. Assessing and monitoring the nutritional status of low-income populations is an important component of DHHS' nutrition-related mandate. A recent assessment of DHHS nutrition surveys and surveillance activities related to low income populations concluded that measurement of nutritional status is constrained because there is no set of agreed upon core indicators of nutritional status that would enable comparison of findings from the variety of DHHS data sources. For example, a consistent set of core indicators of health and nutritional status could be put into surveys, incorporated into DHHS initiatives and programs, and used in specific settings by private, State, and local agencies. This would lead to improved assessment and monitoring of the nutritional status of low-income groups. Although such efforts have been undertaken on a smaller scale in developing countries, to our knowledge none has been proposed for application to the U.S. population. Development of laboratory methods for analyzing small samples, advances in computer technology, and recent nutritional research identifying anthropometric indicators predictive of growth failure and mortality contribute toward the timeliness of this effort, i.e., a critical mass of information now exists and is waiting to be pulled together.

As a step toward alleviating this constraint, in October 1988, the Public Health Service under the auspices of the DHHS Nutrition Policy Board, began a two-year cooperative agreement with the American Institute of Nutrition (AIN) to develop a set of nutritional status indicators applicable for use in field settings and as part of DHHS programs. The American Institute of Nutrition is the principal professional organization of nutrition research scientists in the United States, and

has assisted Federal agencies to address nutrition-related questions and demonstrated a continuing interest in survey methods and analysis of data obtained by surveillance systems. We believe that AIN, working collaboratively with a variety of public health organizations, has sufficient knowledge to identify a set of indicators. A variety of activities will be undertaken during 1989 and 1990 to develop the indicators, including:

- A symposium on Identification and Prevalence of Undernutrition in the United States, held this week at the Annual American Institute of Nutrition meeting.
- A workshop to address interpretation of nutritional status assessment data, planned for December 1989.
- A symposium on targeting aspects of intervention and surveillance, to be held in April 1990 at the American Institute of Nutrition annual meeting.
- An ad hoc Expert panel, convened by the American Institute of Nutrition and its research arm, the Life Sciences Research Office, to synthesize available data and prepare a report on core indicators of nutritional status in difficult to sample populations.

We look forward to the outcome of these activities and to their testing and incorporation at appropriate times in the revision of ongoing monitoring activities and the initiation of new ones.

Strengthened Federal and State Relations

The term "National Nutrition Monitoring System" implies a Federal and State partnership in nutrition monitoring. And partnerships do

exist. For example, CDC has a long history of working with States to package readily available information in a way that is useful for nutrition monitoring at the State level, and has more recently provided guidance to States to use the national nutrition surveys questionnaires for State surveys.

The Operational Plan pledges increased emphasis to understanding the data needs of States and localities and helping State-level policy makers interpret data from national surveys to meet their particular decision-making needs. Monitoring progress toward the National Health Objectives for the Year 2000 will also require the cooperative efforts of Federal and State agencies. On the recommendation of the ICNM members, a working group on Federal-State Relations is currently being established (1) to identify opportunities for greater Federal and State collaboration and (2) to recommend ways that Federal and State policy makers and programs managers can work together to improve the effectiveness of the NNMS. The working group's first task will be to outline major issues to be addressed and to propose ways to address them for consideration by the ICNM at its next meeting in June. The ICNM would welcome suggestions from the Committee and from the other witnesses here today as it moves forward on this critical issue.

In summary, DHHS continues to seek ways to improve the monitoring of nutritional problems in low-income populations and is working to incorporate measures of food security into its ongoing survey and surveillance activities. We look forward to pursuing these efforts even more intensely in the future. Mr. Chairman, I appreciate your interest and that of your Committee in this area, and I thank you for the

opportunity to speak with you today. My colleagues and I would be happy to respond to your questions.

APPENDIX to
McGinnis' Testimony
March 23, 1989
OMB No. 0920-0237

Department of Health and Human Services
Public Health Service
Centers for Disease Control
National Center for Health Statistics

Third National Health and Nutrition Examination Survey

NHANES III

24-HOUR DIETARY RECALL FORM

NOTICE - Information contained on this form which would permit identification of any individual or establishment has been collected with a guarantee that it will be held in strict confidence, will be used only for purposes stated for this study, and will not be disclosed or released to others without the consent of the individual or the establishment in accordance with section 308(d) of the Public Health Service Act (42 USC 242m).

Public reporting burden for complete participation in the NHANES III is estimated to average five hours. Send comments regarding this burden estimate or any other aspect of the collection of information, including suggestions for reducing this burden to PHS Reports Clearance Officer; Room 721-H, Humphrey Building, 200 Independence Avenue, SW; Washington, DC 20201; ATTN: PRA, and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503

CASE NO: _____ Stand No. _____ Segment No. _____ Serial No. _____

FAMILY NO:

SP NO:

NAME (First, Middle, Last)

AGE
1 ☐ Mos.
2 ☐ Yrs.

SEX
1 ☐ Male
2 ☐ Female

SAMPLE NO:

TIME BEGAN
1 ☐ am
2 ☐ pm
3 ☐ noon
__ : __

DECK NO: 602 602 [redacted]

AGES 20+:
12-HOUR FASTING STATUS
1 ☐ yes 2 ☐ no

DATE OF RECALL
__ / __ / __
MO DAY YR

INTERVIEWER NO:

LANGUAGE OF INTERVIEW
1 ☐ English
2 ☐ Spanish
3 ☐ Other
4 _____ SPECIFY

DAY OF RECALL (MARK ONE)
1 ☐ Sunday
2 ☐ Monday
3 ☐ Tuesday
4 ☐ Wednesday
5 ☐ Thursday
6 ☐ Friday
7 ☐ Saturday

DATE OF EXAMINATION
__ / __ / __
MO DAY YR

1.	How does the amount of food (you/___) consumed yesterday compare with (your/his/her) usual consumption for that day of the week? Was it much more than usual, usual, or much less than usual?	1 ☐ much more than usual 2 ☐ usual 3 ☐ much less than usual 9 ☐ DK
2.	How much plain water (do you/does ___) usually drink in a 24-hour period? Include all types of water, both tap and bottled water.	000 ☐ none _____ no. ☐ glasses/cups _____ specify ounces per glass or cup ☐ ounces 999 ☐ DK
3.	What type of salt (do you/does ___) usually add to (your/his/her) food at the table?	1 ☐ none (5) 2 ☐ ordinary salt 3 ☐ lite salt 4 ☐ salt substitute 9 ☐ DK
4.	How often (do you/does ___) add (ANSWER IN 3) to (your/his/her) food at the table? Is it rarely, occasionally, or very often?	1 ☐ rarely 2 ☐ occasionally 3 ☐ very often 9 ☐ DK
5.	Thinking about the past month, how many days did you have no food or money to buy food (for _____)?	00 ☐ none (7) _____ no. of days (6) 99 ☐ DK (7)
6.	Is that because there isn't enough money to buy food or is there another reason?	1 ☐ not enough money (7) 2 ☐ another reason (12) 9 ☐ DK (7)
7.	During the past month did (you/___) skip any meals because there wasn't enough food or money to buy food?	1 ☐ Y 2 ☐ N (12) 9 ☐ DK (9)
8.	How many days in the past month did (you/___) skip any meals because there wasn't enough food or money to buy food?	_____ no. of days 99 ☐ DK
9.	Did (you/___) skip any meals yesterday because there wasn't enough food or money to buy food?	1 ☐ Y 2 ☐ N 9 ☐ DK
10.	During the past month, were there any days when (you/___) did not eat at all because there wasn't enough food or money to buy food?	1 ☐ Y 2 ☐ N (12) 9 ☐ DK (12)

11. In the past month, how many days were there when (you/___) didn't eat at all?	___ no. of days 99 ☐ DK
12. Are you the person who usually prepares the meals at home?	1 ☐ Y 2 ☐ N 3 ☐ shared preparation 4 ☐ food not prepared at home 9 ☐ DK
13. RESPONDENT CODE:	1 ☐ SAMPLE PERSON 2 ☐ PROXY 3 ☐ SAMPLE PERSON/PROXY
14. LANGUAGE OF INTERVIEW:	1 ☐ ENGLISH 2 ☐ SPANISH 3 ☐ ENGLISH/SPANISH 4 ☐ OTHER 5 ___ specify
15. QUALITY OF RECALL:	1 ☐ RELIABLE 2 ☐ UNRELIABLE 3 ☐ REFUSAL (17) 4 ☐ NOT INTERVIEWED (17)
16. INTERVIEWER'S WORK:	1 ☐ COMPLETED 2 ☐ NOT COMPLETED (17)
17. COMMENTS:	1 ___
18. TIME ENDED:	___ : ___ 1 ☐ am 2 ☐ pm 3 ☐ noon

Food Security Questions are in F. Family Characteristics

APPENDIX

Departments of Health and Human Services Public Health Service Centers for Disease Control National Center for Health Statistics	Third National Health and Nutrition Examination Survey NHANES III

FAMILY QUESTIONNAIRE

NOTICE - Information contained on this form which would permit identification of any individual or establishment has been collected with a guarantee that it will be held in strict confidence, will be used only for purposes stated for this study, and will not be disclosed or released to others without the consent of the individual or the establishment in accordance with section 308 (d) of the Public Health Service Act (42 USC 242m).

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CASE NO: _____ Stand No. _____ Segment No. _____ Serial No.

Book ___ of ___ books

FAMILY NO:

DECK NO: 653 653

ADDRESS:

Apt. No. | City

State | Zip Code

INTERVIEWER NO.

EDITOR NO:

DATE OF INTERVIEW
/ /
MONTH DAY YEAR

TIME BEGAN
___:___ 1 ☐ am 2 ☐ pm 3 ☐ noon

TIME ENDED
___:___ 1 ☐ am 2 ☐ pm 3 ☐ noon

LANGUAGE OF INTERVIEW
1 ☐ English
2 ☐ Spanish
3 ☐ Other 4 _____ specify

PHS 6211
Rev. 10-88

A. INDIVIDUAL CHARACTERISTICS	
FILL FIRST COLUMN FOR HEAD OF FAMILY, THEN COMPLETE REMAINING COLUMN(S) FOR (OTHER) SAMPLE PERSONS IN FAMILY	SAMPLE NUMBER
A1. NAME (TRANSCRIBE FROM SCREENER)	NAME
A2. SP NUMBER (TRANSCRIBE FROM SCREENER, USE 99 FOR HEAD, IF NOT SP)	_____ (HEAD OF FAMILY)
A3. AGE (TRANSCRIBE FROM SCREENER, IF AVAILABLE)	MONTHS / YEARS
A4. SEX	1 ☐ MALE 2 ☐ FEMALE
A5. ENTER OBSERVED RACE IF YOU ARE ABLE TO OBSERVE.	1 ☐ W 2 ☐ B 3 ☐ O 9 ☐ Not obs.
A6. In what state or foreign country was -- born? ENTER THE NAME OF THE STATE OR FOREIGN COUNTRY.	☐☐☐ State or foreign country
IF UNDER 5 YEARS OLD, MARK "NEVER ATTENDED." A7. What is the highest grade or year -- did regular school -- has ever attended? CIRCLE APPROPRIATE NUMBER.	00 ☐ NEVER ATTENDED OR KINDERGARTEN ONLY (A8) Elem. . . . 1 2 3 4 5 6 7 8 High. . . . 9 10 11 12 College . 1 2 3 4 5+
A8. Did -- finish [NUMBER IN A7] (grade/year)?	1 ☐ Y 2 ☐ N
HAND CARD F1. A9. Are any of those groups -- 's national origin or ancestry? (Where did -- 's ancestors come from?)	1 ☐ Y 2 ☐ N (A11)
A10. Which of these groups best describes -- 's national origin or ancestry? Please give me the number of the group.	1 ☐ Mexican/Mexican American 2 ☐ other Latin American or other Spanish 3 _____ specify
HAND CARD F2. A11. What is the number of the group that best represents -- 's race? 1 - Aleut, Eskimo, or American Indian 2 - Asian or Pacific Islander 3 - Black 4 - White 5 - Another group not listed - specify	CIRCLE ONLY ONE 1 2 3 4 5 6 _____ specify
A12. IF UNDER 14, MARK FIRST BOX AND GO TO A13. OTHERWISE ASK: Is -- now married, living together with someone as married, widowed, divorced, separated or has -- never been married?	0 ☐ UNDER 14 1 ☐ married - spouse in HH 2 ☐ married - spouse not in HH 3 ☐ living as married 4 ☐ widowed 5 ☐ divorced 6 ☐ separated 7 ☐ never married
IF UNDER 17 YEARS OLD, MARK BOX AND GO TO NEXT SP OR B1. OTHERWISE ASK: A13. Did -- ever serve in the Armed Forces of the United States?	0 ☐ UNDER 17 (NP) 1 ☐ Y 2 ☐ N

B. HEALTH INSURANCE AND INCOME ASSISTANCE

B1. Medicare is a Social Security health insurance program for disabled persons and for persons 65 years old and over. People covered by Medicare have a card that looks like this HAND CARD F3. (Is/Are) (NAME(S) OF ALL SP'S IN FAMILY) now covered by Medicare? 1 ☐ Yes, one or more SP's covered 2 ☐ No, no SP's covered (B6)	
ASK TO DETERMINE WHICH SP'S IN FAMILY ARE COVERED. MARK BOX IN EACH COLUMN BEFORE ASKING B3 B2. Is -- now covered by Medicare?	1 ☐ covered 2 ☐ not covered 9 ☐ DK
FOR EACH SP WITH "COVERED" IN B2, ASK B3-B5 B3. May I please see the Medicare card(s) for -- (and --) to record the claim number and type of coverage? TRANSCRIBE THE INFORMATION FROM THE CARD OR MARK THE "CARD NOT AVAILABLE" BOX.	☐☐☐-☐☐ ☐☐☐☐-☐☐ CARD NUMBER TYPE OF COVERAGE 1 ☐ hospital only (Type A) 2 ☐ medical only (Type B) 3 ☐ both } (B6) 0 ☐ CARD NOT AVAILABLE - ASK B4
IF "CARD NOT AVAILABLE" ASK B4-B5. B4. Is -- now covered by the part of Medicare that pays for hospital bills?	1 ☐ Y 2 ☐ N 9 ☐ DK
B5. Medicare has an optional feature that costs extra and helps pay for doctor bills. Does --'s Medicare help pay for doctor's bills?	1 ☐ Y 2 ☐ N 9 ☐ DK
B6. We are interested in all kinds of health insurance plans except those that pay only for accidents. (Not counting Medicare (Is/Are) (NAMES OF ALL SP'S IN FAMILY) now covered by a health insurance plan that pays any part of a hospital, doctor's, or surgeon's bill? 1 ☐ yes, one or more SPs covered 2 ☐ no, no SPs covered (B10)	
ASK FOR EACH SP AND MARK BOX IN EACH COLUMN BEFORE ASKING B8 B7. Is -- now covered by a health insurance plan?	1 ☐ covered 2 ☐ not covered 9 ☐ DK
FOR EACH SP WITH "COVERED" IN B7, ASK B8-B9 B8. Is -- now covered by a plan that pays any part of hospital expenses?	1 ☐ Y 2 ☐ N 9 ☐ DK
B9. Is -- now covered by a plan that pays any part of doctor's or surgeon's bills for operations?	1 ☐ Y 2 ☐ N 9 ☐ DK

B10. CHECK ITEM: REVIEW RESPONSES TO B2 AND B7 AND MARK BOX FOR EACH SP. IF ALL COVERED, GO TO B14. IF NOT CONTINUE.	1 ☐ 'COVERED' IN B2 OR B7 2 ☐ 'NOT COVERED' 9 ☐ DK
B11. Many people do not carry health insurance for various reasons. HAND CARD F4. Which of these statements describe why – is not covered by any health insurance?	1 2 3 4 5 6 7 8 9 ⟶ 10 _____ specify
B12. Any other reason?	1 ☐ Y (REASK B11 AND B12) 2 ☐ N
B13. MARK BOX IF ONLY ONE REASON IS GIVEN IN B11. OTHERWISE ASK: What is the main reason – is not covered by any health insurance?	0 ☐ ONLY ONE REASON IN B11 1 2 3 4 5 6 7 8 9 ⟶ 10 _____ specify
B14. There is a national program called Medicaid which pays for health care for persons in need. (In this State it is also called _____.) During the past 12 months, (were/was) (NAME(S) OF ALL SP'S IN FAMILY) covered by Medicaid (or _____)?	1 ☐ Yes, one or more SPs covered 2 ☐ No, no SPs covered (B16)
ASK FOR EACH SP: B15 Was – covered by Medicaid (or _____) at any time during the past 12 months?	1 ☐ Y 2 ☐ N 9 ☐ DK
B16. Is – covered by health insurance that pays for any part of dental care?	1 ☐ Y 2 ☐ N 9 ☐ DK
B17. During the past 12 months, did (NAME(S) OF ALL SP'S IN FAMILY) recieve any Social Security payments?	1 ☐ Yes, one or more SPs received payments 2 ☐ No (B21) 9 ☐ DK (B21)
ASK FOR EACH SP. B18. Did – receive any Social Security payments?	1 ☐ Y 2 ☐ N 9 ☐ DK
FOR EACH SP WITH "YES" IN B18, ASK B19-B20 OR MARK BOX. B19. What is the reason – is getting Social Security? Is it because – is retired, disabled, widowed, a surviving child, a spouse or a dependent child? MARK ONLY ONE. IF MORE THAN ONE REPORTED, MARK MAIN REASON.	1 ☐ age 65 + (B21) 2 ☐ retired 3 ☐ disabled 4 ☐ widowed or surviving child 5 ☐ spouse or dependent child 6 ☐ some other reason 9 ☐ DK

B20 Sometimes people get Social Security for more than one reason. Is there another reason -- receives Social Security?	1 ☐ retired 2 ☐ disabled 3 ☐ widowed or surviving child 4 ☐ spouse or dependent child 5 ☐ no other reason 9 ☐ DK
B21. During the <u>past 12 months</u>, did <u>(NAME(S) OF ALL SP'S IN FAMILY)</u> receive any SSI (Supplemental Security Income) payments from the U.S. Government? 1 ☐ Yes, one or more SPs received payments (B22) 2 ☐ No (C1) 9 ☐ DK (C1)	
FOR EACH SP ASK B22-B23 AS APPROPRIATE: B22 Did -- receive SSI payments from the U.S. Government during the <u>past 4 months</u>?	1 ☐ Y (B23) 2 ☐ N (NP) 9 ☐ DK (NP)
B23 Did -- also receive a <u>separate</u> SSI payment from the State or local welfare office during the <u>past 4 months</u>?	1 ☐ Y 2 ☐ N 9 ☐ DK

C. FAMILY BACKGROUND	
C1. CHECK ITEM. REFER TO AGE OF SP AND MARK BOX.	1 ☐ 17 + YEARS OLD (NP) 2 ☐ UNDER 17 YEARS OLD (C2)
C2. Now I have some questions about --'s biological parents. How much (does --'s mother/do you) weigh? IF PREGNANT, RECORD WEIGHT BEFORE PREGNANCY.	_____ pounds or _____ kilograms 999 ☐ DK
C3. How tall (is --'s mother/are you)?	_____ feet/_____ inches or _____ centimeters 999 ☐ DK
C4. How much (does --'s father/do you) weigh?	_____ pounds or _____ kilograms 999 ☐ DK
C5. How tall (is --'s father/are you)?	_____ feet/_____ inches or _____ centimeters 999 ☐ DK
C6. Has either of --'s biological parents ever been told by a doctor that he or she had ...	
a. High blood pressure or stroke before the age of 50?	1 ☐ Y - Which, --'s → { 1 ☐ father, 2 ☐ mother, or 3 ☐ both? } 2 ☐ N(b) 9 ☐ DK(b)
b. Heart attack or angina before the age of 50?	1 ☐ Y - Which, --'s → { 1 ☐ father, 2 ☐ mother, or 3 ☐ both? } 2 ☐ N(c) 9 ☐ DK(c)
c. High blood cholesterol at any age?	1 ☐ Y - Which, --'s → { 1 ☐ father, 2 ☐ mother, or 3 ☐ both? } 2 ☐ N(d) 9 ☐ DK(d)
d. Asthma or hay fever at any age?	1 ☐ Y - Which, --'s → { 1 ☐ father, 2 ☐ mother, or 3 ☐ both? } 2 ☐ N(e) 9 ☐ DK(e)
e. Diabetes at any age?	1 ☐ Y - Which, --'s → { 1 ☐ father, 2 ☐ mother, or 3 ☐ both? } 2 ☐ N 9 ☐ DK

C7. How long has -- lived at this address?	____ number } 1 ☐ weeks 2 ☐ months 3 ☐ years 00 ☐ WHOLE LIFE (C10)
C8. How long has -- lived in this (city/town/area)?	____ number } 1 ☐ weeks 2 ☐ months 3 ☐ years 00 ☐ WHOLE LIFE (C10)
C9. How many times has -- moved?	____ number times 99 ☐ DK
C10 In what country (was --'s mother/were you) born?	1 ☐ 50 U.S. states 2 ☐ other 3 _____ specify
C11 In what country (was --'s father/were you) born?	1 ☐ 50 U.S. states 2 ☐ other 3 _____ specify

D. OCCUPATION OF FAMILY HEAD	
D1. CHECK ITEM	1 ☐ HEAD OF FAMILY IS AN SP (E1) 2 ☐ HEAD OF FAMILY NOT AN SP (ASK D2-D12 FOR HEAD OF FAMILY)
D2. During the past 2 weeks, did – work at any time at a job or business, not counting work around the house? INCLUDE UNPAID WORK IN THE FAMILY FARM OR BUSINESS.	1 ☐ Y (D7) 2 ☐ N
D3. Even though – did not work during these 2 weeks, did – have a job or business?	1 ☐ Y 2 ☐ N
D4. Was – looking for work or on layoff from a job?	1 ☐ Y 2 ☐ N (D6)
D5. Which, looking for work or on layoff from a job?	1 ☐ Looking (D8) 2 ☐ Layoff (D7) 3 ☐ Both (D7)
D6. CHECK ITEM: MARK A BOX ONLY IF "NO" IN D4.	1 ☐ "Y" in D3 (D7) 2 ☐ "N" in D3 (E1)
D7. For whom did – work? ENTER NAME OF COMPANY, BUSINESS, ORGANIZATION, OR OTHER EMPLOYER.	Employer
D8. For whom did – work at – last full-time civilian job or business lasting 2 consecutive weeks or more? ENTER NAME OF COMPANY, BUSINESS, ORGANIZATION, OR OTHER EMPLOYER	
D9. What kind of business or industry is this? (For example, TV and radio manufacturing, retail shoe store, State Labor Department, farm.)	Industry
D10. What kind of work was – doing? (For example, electrical engineer, stock clerk, typist, farmer.)	Occupation
D11. What were –'s most important activities or duties at that job? (For example, types, keeps account books, files, sells cars, operates printing press, finishes concrete.)	Duties
D12. COMPLETE FROM ENTRIES IN D7 THRU D11; IF NOT CLEAR ASK: Was – an employee of a private company, business or individual for wages, salary or commission? . . . . . P – a Federal government employee? . . . F – a State government employee? . . . . . S – a local government employee? . . . . . L –self-employed in own business, professional practice, or farm? IF NOT FARM, ASK: Is the business incorporated? Yes. . . . . I No. . . . . SE –working without pay in business or farm? . . . WP –never worked or never worked at a full-time civilian job lasting 2 weeks or more. . . . NEV	Class of worker 1 ☐ P 2 ☐ F 3 ☐ S 4 ☐ L 5 ☐ I 6 ☐ SE 7 ☐ WP 8 ☐ NEV

E. HOUSING CHARACTERISTICS	
E1. When was this (house/structure) originally built? (Was it ?)	1 ☐ before 1946 2 ☐ 1946-1973 3 ☐ 1974 to present
E2. How many rooms are in this home? Count the kitchen but not the bathroom.	_____ rooms number
E3. How long has your family lived at this address?	_____ years number
E4. Is your home drinking water bottled or from the tap (faucet)?	1 ☐ bottled (E7) 2 ☐ tap
E5. What is the source of your home tap water?	1 ☐ private or public water company 2 ☐ private or public well 3 ☐ spring 9 ☐ DK
E6. Does your home drinking water have a water softening or conditioning system? This includes both systems at the (tap/faucet) and systems for the entire home	1 ☐ Y 2 ☐ N 9 ☐ DK
E7. Do any pets live in this home?	1 ☐ Y 3 ☐ N (E9)
E8. What kind of pet lives here	
a. a dog?	1 ☐ Y 2 ☐ N
b. a cat?	1 ☐ Y 2 ☐ N
c. a bird?	1 ☐ Y 2 ☐ N
d. any other pet(s)?	1 ☐ Y 2 ☐ N 3 _____ specify
E9. During the <u>past 12 months</u> was a furnace that forces out hot air used to heat this place?	1 ☐ Y 2 ☐ N (E11) 9 ☐ DK (E11)
E10. Was the hot-air furnace fueled by oil, by gas, by electricity or by something else?	1 ☐ oil 2 ☐ gas 3 ☐ electricity 4 ☐ other S _____ specify 9 ☐ DK
E11. During the <u>past 12 months</u> was one or more space heaters used to heat this place? We are interested only in heaters that are not vented to the outside	1 ☐ Y 2 ☐ N (E13) 9 ☐ DK (E13)
E12. Was the room or space heater fueled by electricity, kerosene, propane, or by something else?	1 ☐ electricity 2 ☐ kerosene 3 ☐ propane 4 ☐ other S _____ specify
E13. During the <u>past 12 months</u> was one or more wood stoves used here?	1 ☐ Y 2 ☐ N 9 ☐ DK

F. FAMILY CHARACTERISTICS	
F1. Does anyone who lives here smoke cigarettes in the home?	1☐Y 2☐N (F4)
F2. Who? Anyone else? RECORD NAME(S), FAMILY NUMBER(S) AND LINE NUMBER(S) FROM HOUSEHOLD SCREENER FOR ALL HOUSEHOLD MEMBERS WHO SMOKE.	F3 FOR EACH PERSON RECORDED IN F2, ASK: How many cigarettes per day does -- usually smoke in the home?
a) Name _____ family no. _____ line no. _____	_____ cigarettes
b) Name _____ family no. _____ line no. _____	_____ cigarettes
c) Name _____ family no. _____ line no. _____	_____ cigarettes
d) Name _____ family no. _____ line no. _____	_____ cigarettes
e) Name _____ family no. _____ line no. _____	_____ cigarettes
f) Name _____ family no. _____ line no. _____	_____ cigarettes
F4. Which one of the following statements best describes the food eaten by (you/your family)? Do you have enough food to eat, sometimes not enough to eat, or often not enough to eat?	1☐ enough food to eat (F7) 2☐ sometimes not enough to eat 3☐ often not enough to eat
F5 Thinking about the past month, how many days did (you/your family) have no food or money to buy food?	00☐ none (F7) _____ days number 99☐ DK
F6. Which of the following reasons explain why your family has had this problem?	
a You did not have transportation (transportation problems)?	1☐Y 2☐N
b. You did not have working appliances for storing or preparing foods (such as stove, refrigerator)?	1☐Y 2☐N
c. You did not have enough money, food stamps, or WIC vouchers to buy food or beverages?	1☐Y 2☐N
d Any other reason?	1☐Y 2☐N 3 _____ specify

F7. Did (you/any member of this family) receive benefits from the WIC program, that is, the Women, Infants, and Children program in (NAME OF LAST MONTH)?	1 ☐ Y 2 ☐ N
F8. Did (you/any member of this family) receive food stamps in any of the past 12 months?	1 ☐ Y 2 ☐ N (F10) 9 ☐ DK (F10)
F9. (Are you/is your family) receiving food stamps at the present time?	1 ☐ Y 2 ☐ N
F10. Was the total combined family income during the past 12 months - (that is, yours, READ NAMES OF ALL FAMILY MEMBERS, INCLUDING ARMED FORCES MEMBERS LIVING AT HOME) – more or less than $20,000? Include money from jobs, Social Security, retirement income, unemployment payments, public assistance, and so forth. Also include income from interest, dividends, net income from business, farm or rent, and any other money income received.	1 ☐ Less than $20,000 (HAND CARD F5) 2 ☐ $20,000 or more (HAND CARD F6) 0 ☐ No income (F13)
F11. READ PARENTHETICAL PHRASE IF ARMED FORCES MEMBER LIVING AT HOME OR IF NECESSARY. Of those income groups, which letter best represents the total combined family income during the past 12 months (that is, yours, READ NAMES, INCLUDING ARMED FORCES MEMBERS LIVING AT HOME)? Include wages, salaries, and the other items we just talked about.	Card F5 01 ☐ A 11 ☐ K 02 ☐ B 12 ☐ L 03 ☐ C 13 ☐ M 04 ☐ D 14 ☐ N 05 ☐ E 15 ☐ O 06 ☐ F 16 ☐ P 07 ☐ G 17 ☐ Q 08 ☐ H 18 ☐ R 09 ☐ I 19 ☐ S 10 ☐ J 20 ☐ T CARD F6 21 ☐ U 22 ☐ V 23 ☐ W 24 ☐ X 25 ☐ Y 26 ☐ Z 27 ☐ ZZ 99 ☐ DK
HAND CARD F7. F12. Now , please think about your family income during (NAME OF LAST MONTH). Which letter best represents the total combined family income during (NAME OF LAST MONTH) (that is, yours, READ NAMES, INCLUDING ARMED FORCES MEMBERS LIVING AT HOME)? Again, include wages, salaries and all the other income items.	Card F7 01 ☐ A 11 ☐ K 02 ☐ B 12 ☐ L 03 ☐ C 13 ☐ M 04 ☐ D 14 ☐ N 05 ☐ E 15 ☐ O 06 ☐ F 16 ☐ P 07 ☐ G 17 ☐ Q 08 ☐ H 18 ☐ R 09 ☐ I 19 ☐ S 10 ☐ J 20 ☐ T 21 ☐ Respondent indicates annual income as reported in F11 divided by 12 99 ☐ DK

F13. The National Center for Health Statistics may wish to contact you again to obtain additional health related information. Please give me the name, address, and telephone number of two relatives or friends who would know where you could be reached in case we have trouble reaching you. Please give me the names of persons who are not currently living in the household. PRINT ITEMS F13 a-c AND F14 a-c.

a. NAME OF FIRST CONTACT PERSON (PRINT) Last	First	Middle Initial
b. Address (NUMBER AND STREET)		
c. City	State	ZIP Code

d. Area code/telephone number

☐☐☐-☐☐☐-☐☐☐☐ _____ (same phone number is listed under)

0 ☐ None
7 ☐ Refused
9 ☐ DK

e. What is (CONTACT 1) relationship to you?

F14. SECOND CONTACT PERSON

a. NAME OF SECOND CONTACT PERSON (PRINT) Last	First	Middle Initial
b. Address (NUMBER AND STREET)		
c. City	State	ZIP Code

d. Area code/telephone number

☐☐☐-☐☐☐-☐☐☐☐ _____ (same phone number is listed under)

0 ☐ None
7 ☐ Refused
9 ☐ DK

e. What is (CONTACT'S) relationship to you?

F15. WHO RESPONDED TO FAMILY QUESTIONNAIRE?

REFER TO SCREENER.

FAMILY NO. _____ LINE NO. _____

(insert 1

EXECUTIVE SUMMARY

EVALUATION OF DHHS EFFORTS TO MEASURE AND TRACK THE NUTRITIONAL STATUS OF LOW-INCOME POPULATIONS

Prepared for:

Department of Health and Human Services
Office of Disease Prevention and Health Promotion

Jean Cohen, Ph.D.

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July 31, 1987

EXECUTIVE SUMMARY

This report presents the findings and recommendations of an evaluation of Department of Health and Human Services (DHHS) efforts to measure and track the nutritional status of low-income populations. The evaluation included: (1) a review of all relevant surveys, surveillance activities, and service delivery programs that collect nutrition-related information about low-income populations, or could be modified to do so; (2) the identification of gaps and duplications in coverage of the specific low-income populations chosen for study, and in nutrition-related information gathered; and (3) the preparation of a set of recommendations for strengthening DHHS efforts to monitor (measure and track) the nutritional status of low-income populations.

The project focused on efforts to obtain national level data. It was confined to assessing ways to monitor nutritional status, defined as a person's health status as influenced by intake and utilization of nutrients and measured by the collection and analysis of anthropometric, clinical (medical history and medical examination), biochemical (analyses in blood and urine), and dietary intake data. Although important issues in themselves, this study did not attempt to address factors influencing nutritional status, such as dietary habits, access to food, or level of nutritional knowledge. This methodologic study also did not yield an estimate of the nutritional status of low-income groups.

Nine low-income populations were selected as the focus for this project: (1) low-income pregnant and lactating women; (2) low-income children under the age of 5 years; (3) low-income school-age children; (4) low-income adolescents; (5) other low-income adults; (6) low-income elderly; (7) low-income nursing home residents; (8) Native Americans living on reservations; and (9) the homeless. A survey or surveillance activity was selected for review if it included at least one of these low-income target populations in its sampling plan, and at least one nutrition-related item in its data collection, had an instrument available for review, and was an ongoing activity.

Review of the activities included an examination of the survey questionnaires and survey planning documents, a review of the literature about each activity, and interviews with Federal and non-Federal officials with responsibility for each of the survey and surveillance activities. An analytic framework was developed to serve as the basis for the analysis of activities. Particular attention was paid to determining whether there were gaps and/or duplications in coverage of the nine specified target populations and in the indicators of nutritional status. Information was collected about the method of collecting data, numbers of the target populations included in a survey or surveillance activity, periodicity of the activity, and generalizability of the data. The contractor also interviewed staff of DHHS service delivery programs that provide nutrition services to the target populations to determine whether any of these programs were potential entry points for future assessments of nutritional status of low-income populations.

FINDINGS

Data Gathering Activities

- Thirteen surveys and surveillance activities meet the criteria specified for in-depth review:

  - National Fetal Mortality Survey
  - National Health Interview Survey
  - National Health Interview Survey Supplements
  - National Health and Nutrition Examination Survey
  - NHANES I Epidemiologic Followup Study
  - National Maternal and Infant Health Survey
  - National Mortality Followback Survey
  - National Natality Survey
  - National Survey of Family Growth
  - Behavioral Risk Factor Surveillance System
  - Pediatric Nutrition Surveillance System
  - Pregnancy Nutrition Surveillance System
  - Health and Diet Survey

- The survey and surveillance activities reviewed collect a range of indicators of nutritional status. Most surveys include a medical history and collect data on height and weight, often by self-report. NHANES is the only survey that conducts a medical examination and collects blood and urine samples; others use self-reported information or medical records, if they gather medical information.

Program Activities

Nutritional assessment of selected segments of the low-income target populations using a restricted range of nutritional indicators is undertaken by such service delivery programs as the Maternal and Child Health, Migrant Health, and Indian Health Service programs administered by the Health Resources and Services Administration, the Head Start Program administered by the Administration for Children, Youth and Families of the Office of Human Development Services, and Medicaid/Medicare administered by the Health Care Financing Administration. Data collected are used primarily to determine protocols in the treatment of individuals, and do not provide national level data. Data collected through block grant-funded projects are not routinely provided to the Federal level.

The Centers for Disease Control's (CDC) Division of Nutrition is funding pilot projects to assess the feasibility of developing a hospital-based system for identifying cases of severe undernutrition among low-income, high-risk children. This activity, in conjunction with its Coordinated State Surveillance System, should continue CDC's active role in providing state-based data.

Gaps And Duplication In Efforts To Monitor Nutritional Status

The review of the DHHS survey and surveillance activities indicated the following gaps in the nine target populations:

- Three target populations--Native Americans on reservations, nursing home residents, and the homeless--are inadequately covered in DHHS data collection efforts. The homeless are not included in the sample for any nationwide survey; Native Americans are not sampled in sufficient number for reliable statements to be made about their nutritional status; and the data on nursing home residents are incomplete, especially with respect to nutrition and income status.

- Low-income pregnant and lactating women are sampled in sufficient numbers to make reliable estimates by the National Fetal Mortality Survey, the National Maternal and Infant Health Survey, and the National Natality Survey. These surveys collect a range of anthropometric, biochemical, clinical, and dietary data on the women sampled. The data are collected by interview (self-report and medical records), and may not be as standardized as those collected in NHANES by direct examination. NHANES, however, does not collect data on a sufficient number of low-income pregnant and lactating women to enable reliable statements about their nutritional status.

- The other five target populations (low-income children under the age of 5, low-income adolescents, low-income school-age children, other low-income adults, and low-income elderly) are adequately covered by the NHANES. Of these, NHANES provides the most complete assessment of nutritional status.

The review of the DHHS survey and surveillance instruments for possible duplications indicated the following:

- There appears to be very little duplication of effort among the survey and surveillance activities reviewed. There are some overlaps in the target populations sampled in the National Health and Nutrition Examination Survey and the National Health Interview Survey and its supplements. However, the purposes of the surveys, their sampling design, mode of data collection, and range of nutritional data collected differ. In fact, there is only a duplication of three of the nutrition-related items on these two surveys.

- Examination of the nutritional indicators in isolation of the target populations also revealed minimal duplication of effort. While many of the activities include questions about height, weight, medical history, blood pressure, hemoglobin, hematocrit, and various dietary practices, there are differences in the way these items are collected (physical examination, self-reports, hospital records, or proxy data) and the specific target populations covered, both of which affect the inferences and the conclusions about nutritional status that can be made.

- Lastly, the examination of nutritional indicators demonstrated that, beyond the conventional four broad categories of nutritional assessment indicators (anthropometric, biochemical, clinical, and dietary), there is no core set of nutritional indicators.

RECOMMENDATIONS

This evaluation indicates that current activities could be modified to provide better coverage of some of the low-income target populations. Two sets of options are proposed. The first is developed within the framework of existing activities; the second makes no assumptions about existing efforts or fiscal limitations. Both options are premised on the development of a core set of nutrition items, and the recommendation that DHHS initiate its development.

Option I

NHANES should continue to serve as the foundation of departmental efforts to assess and track the nutritional status of low-income populations. Special surveys are recommended to obtain data on the four target low-income populations not adequately covered in NHANES: pregnant and lactating women, nursing home residents, Native Americans on reservations, and the homeless.

- Pregnant And Lactating Women--The National Natality Survey should be modified to include a core set of indicators of nutritional status.
- Nursing Home Residents--A core set of nutritional items could be added to the case mix and quality project now being developed by the Health Care Financing Administration.
- Native Americans On Reservations And The Homeless--Two new surveys, incorporating a core set of nutritional indicators, should be developed to assess the nutritional status of these populations.

Option II

A Survey of Low-Income Populations should be developed to assess the nutritional status of low-income populations. This survey would be administered to a probability sample of persons living in low-income counties, with saturation sampling of a random sample of city blocks, Census tracts, enumeration districts, or rural geographical areas. In addition, three purposive samples would be drawn to ensure that a proportional number of nursing home residents, Native Americans on reservations, and the homeless were included in the sample.

Both proposed options are targeted to the challenge of providing data that are generalizable to low-income populations throughout the Nation. It is recognized, however, that in addition to broad, national indicators, some means may be needed to verify and followup anecdotal reports of isolated clusters of marked clinical undernutrition. Because such problems may be relatively limited in scope, they may avoid detection through a data system focused on the Nation as a whole; but they are, nonetheless, of national significance. To address such problems, consideration should be given to an investigative followup procedure, or, if the problem seems persistent in any given area, the trial initiation of a sentinel site mechanism for the area.

Food Security In the United States:
the Measurement of Hunger

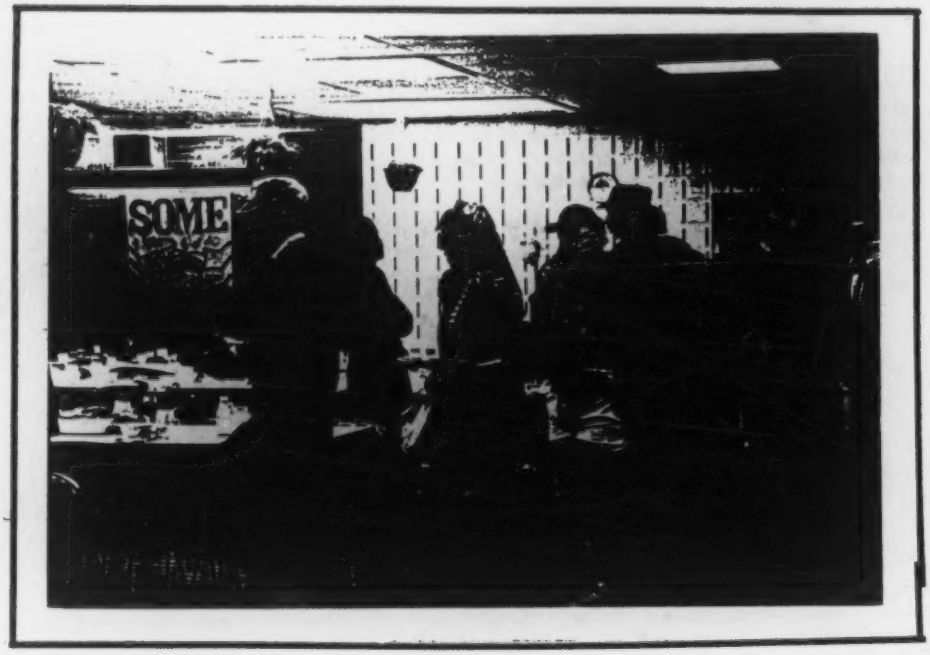

photo by Sara Fisher

Issue Brief
House Select Committe on Hunger
March, 1989

Food Security Surveys and the Measurement of Hunger

The Concept of Food Security

Food security may be defined as "access by all people at all times to enough food for an active, healthy life."[1] The concept generally refers to food access and availability in underdeveloped nations. The Select Committee on Hunger has found widespread lack of food security in the United States. Committee hearings, research and communications from local charity and advocacy groups reveal that households in every region rely on emergency outlets, such as food pantries and soup kitchens, for food. When households are unable to grow or purchase sufficient food for an adequate diet, there is food insecurity.

Because there is a strong correlation between food security and hunger, it seems appropriate to examine hunger in relation to food security rather than through symptoms of malnutrition, the currently accepted practice. In doing so we begin to view the issue of hunger in a broader context. We begin to understand the limitations of accepting hunger as solely a problem of individual dietary intake. We broaden our conceptual framework and consider a community's access to food, which encompasses various social and economic factors that provide access to a complex food system and ensure food security.

The nutritional status of households depends upon adequate resources such as money, time, information, and health, which are necessary to achieve food security. Researchers have analyzed the relationship between nutritional status and these resources beca they, also, determine the household's food and non-food expenditures (1). In turn, the community food system, including food availability and accessibility, determines the sources and adequacy of the household's food supply, and, ultimately, the individual household members' health and quality of life (Fig. 1). Since some households have limited or no resources, making enough food available and assuring that households can purchase that food becomes equally important in the context of food security (2).

The 1984 report of the President's Task Force on Food Assistance defined hunger in two ways: (a) malnutrition as measured by anthropometric and clinical tests, and (b) an inability to obtain an adequate amount of food even if the shortage is not prolonged enough to cause health problems. The Task Force concluded their report by stating that "hunger defined

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[1] The World Bank. **Poverty and Hunger**, 1986

in this second manner is much more difficult to quantify than by the first..." (3).

The Select Committee on Hunger has received testimony supporting the second definition for measuring hunger at the community level. Dr. Fernando Mendoza, a pediatrician with the Stanford University School of Medicine, testified in 1988 that "The state of hunger, for example, may not be reliably measured if we are expecting to assess it only by changes in growth or biochemical parameters. Children may be hungry without changes in these variables. The hungry child, however, may do less well in school or physical activity; measures that our current surveys do not assess." (4).

Community Surveys

Since the early 1980's, communities faced with a growing demand for emergency food assistance have sought to assess the extent of hunger. Numerous published reports have attempted to document the extent to which hunger exists in the United States. The reports that follow were published since 1986 and have been prepared by both public and private groups which have addressed hunger at the national, state or local levels.

Many of the community surveys have included interviews of providers and/or users which were conducted on the site of an emergency food assistance facility. The Legal Action Center for the Homeless and New York University Metropolitan Studies Program conducted a study of 500 adults, who ate in five of the largest soup kitchens in New York City during the summer of 1986. Their survey was designed to document the eating patterns and sociodemographics of soup kitchen users (5).

Several other surveys estimating hunger in New York State have documented the characteristics of emergency food assistance program users, nutritional quality of meals, levels of service and rates of participation. The Hunger Action Network of New York State, a statewide coalition of food providers and advocates, conducted a survey of households that use food pantries and documented that hunger was not just a problem of the New York City homeless population but, also, a problem of non-homeless households statewide (6). The New York State Department of Health has contracted with Cornell University to conduct several surveys over the years including: the Survey of Emergency Food Relief (EFR) Sites, EFR Surveillance Reports and the Survey of Nutritional Quality of Soup Kitchens (7,8,9).

Other states, also, have conducted similar surveys. "We Are the World, Too! Hunger in Salt Lake County," a survey of emergency food pantry users completed by the Crossroads Urban

Center and the University of Utah Graduate School of Social Work, concluded that hunger was a reality in the state, emergency assistance was becoming institutionalized, and that additional resources and legislative and policy changes were necessary to ensure people's food security (10). The Minnesota Food Education and Resource Center provides ongoing information and policy recommendations regarding hunger and poverty issues in Minnesota. The Center generates quarterly reports and an annual report which monitors food shelf usage statewide (11). The Interim Study Committee on Hunger and Nutrition in South Carolina reported the findings of two surveys which were administered to food providers and clients. The report documented problems related to food supply and access to food and nutrition services (12). The General Assembly of South Carolina passed legislation in 1988 to create and fund an Interagency Council on Hunger and Nutrition (13).

Two types of food access surveys have been conducted at the county level by the Expanded Food and Nutrition Education Program at the University of California (14). Standardized questionnaires are used to interview emergency food providers and clients. Survey results have been instrumental in providing first-hand local information on the extent of hunger, initiating coalition groups, and serving as a tool for identifying problems and increasing public awareness.

The most recent status report on hunger in 27 cities was completed by the U.S. Conference of Mayors in 1988 (15). For the purposes of the report, city officials compiled and summarized information from public and private agencies in their respective cities on meeting the demand for emergency food assistance. These data, which document increases in food insecurity, are used to support the Conference's efforts to respond to hunger in urban America.

Another popular means of collecting data at the community level is by a review of program participation. This method does not require an interview process but documents, for example, the number of people and/or meals served on site. Surveys of this nature have been conducted by the Hunger Action Coalition of Allegheny County, NY, the Hunger Task Force for Detroit, Michigan, the Vermont Governor's Task Force on Hunger, the Virginia Congress on Hunger, the Division of Economic Opportunities in Alexandria, VA, and by the East Harlem Interfaith Welfare Committee (16,17,18,19,20,21).

Community surveys based on telephone interviews and home visits, also, are conducted; however, not as frequently. Members of low-income households were interviewed on the telephone and asked question about food consumption and health for a report published by the Special Commission on Hunger and Malnutrition in Suffolk County, NY (22). The John Zogby Group conducted a survey

in Oneida County, NY which utilized a combination of data collection methods: phone interviews, home visits and interviews with food pantry users on sites (23). Home visits were used for statewide surveys conducted by Utahns Against Hunger and the Washington Governor's Task Force on Hunger (24,25).

Many public and private groups are doing an excellent job of monitoring food security at the community level and using their surveys as a basis for policies and programs which seek to improve food security. Nevertheless, federal policy decision-makers are reluctant to rely on locally generated data because no uniform or comparable methodology exists for collecting data. However, efforts have been made to design an instrument that is scientifically valid and easily replicated across the nation. In 1988, the Food Research and Action Center initiated a program through which seven sites are utilizing a hunger survey designed by the Connecticut Association for Human Services, a non-profit research, advocacy and education group in Hartford. The Community Childhood Hunger Identification Project (CCHIP) is designed as a door-to-door survey of a random sample of low-income families with a least one young child (26). Survey findings were responsible for documenting problems of food insecurity among Hartford's children and their families which, in turn, prompted mandatory expansion of the School Breakfast Program statewide.

Federal Surveys

Although there is no national network to provide food security surveillance, two major nutrition monitoring surveys are conducted through the U.S. Department of Agriculture's (USDA) Nationwide Food Consumption Survey (NFCS) and the Department of Health and Human Services' (DHHS) National Health and Nutrition Examination Survey (NHANES). Though there are several other surveys that address various health and nutrition issues within these departments, these two surveys are by far the largest and most comprehensive.

The main purpose of the NFCS is to obtain data used to monitor the food and nutrient content of U.S. diets and to assess dietary adequacy and the factors (i.e., income, education, food assistance program participation) affecting dietary status. There are two main surveys--the Decennial Survey and the Continuing Survey of Food Intakes by Individuals. The former is the most comprehensive with the most recent one completed in the Spring of 1988. Data is collected on household food use; food intake at home and away from home by individual household members; the kinds, amounts, and costs of food used by households during a 7-day period; and, the food actually consumed by household members during a 3-day period (27). The latter constitutes the collection of ongoing data on selected samples:

(a) women 19-50 years of age of all incomes and their children 1-5 years of age; (b) low-income women and their children in the same age ranges; and (c) men 19-50 years of age (28). Data generated from NFCS is used to form the basis of the Thrifty Food Plan and food assistance program policy.

Each NHANES is a four-year national study that also uses a nation probability sample of the U.S. population (29). Health and nutritional status is assessed from the collection of health histories, medical examinations, anthropometric measurements, biochemical analyses, 24-hour dietary recalls, and food frequency questionnaires. NHANES I (1971-74) sampled 1-74 year olds and NHANES II (1976-80) was expanded to sample 6 month-74 year olds. In 1984, the Hispanic Health and Nutrition Survey (HHANES) was conducted. The third NHANES began in September, 1988.

The Food and Agriculture Act of 1977 recognized the deficiencies of the existing nutrition monitoring system and instructed the USDA and the DHHS to submit a comprehensive plan for the integration of their two surveys (30). The creation of the Joint Nutrition Monitoring Evaluation Committee, jointly sponsored by DHHS and USDA, spanned several years. Their proposal was submitted to Congress in May of 1978 and reviewed by the General Accounting Office, which recommended a comprehensive implementation plan. The Joint Committee Plan was submitted to Congress in September, 1981 and approved in the Fall of 1983. The first meeting was convened in December, 1983 with one year allotted for preparation of the first report. Indicative of the problems and difficulties inherent in combining and correlating these immense surveys, the first report was not released until 1987 (31). Most recently "USDA and HHS have agreed to disagree on the surveys" (32). Their dispute revolves around the hunger questions in NHANES III (Appendix 1) and the inclusion of USDA questions on income status.

At present the surveys are difficult to compare and certain population groups, for example minority and low-income groups, are undersampled. A surveillance of food resources be they from grocery stores, gardening, hunting, food assistance program participation, other gifts, or scavenging---rather than the cross-sectional, one moment in time measurements presently made--is needed so that a causal relationship between food security and nutritional status can be established.

Conclusion

Each of the community and statewide surveys collected data based on a series of questions that the respective organizers established as pertinent to their specific objectives (Appendix 2). As a result, the data collected is not comparable at the community level. Furthermore, the types of questions asked do not necessarily provide an accurate description of food security

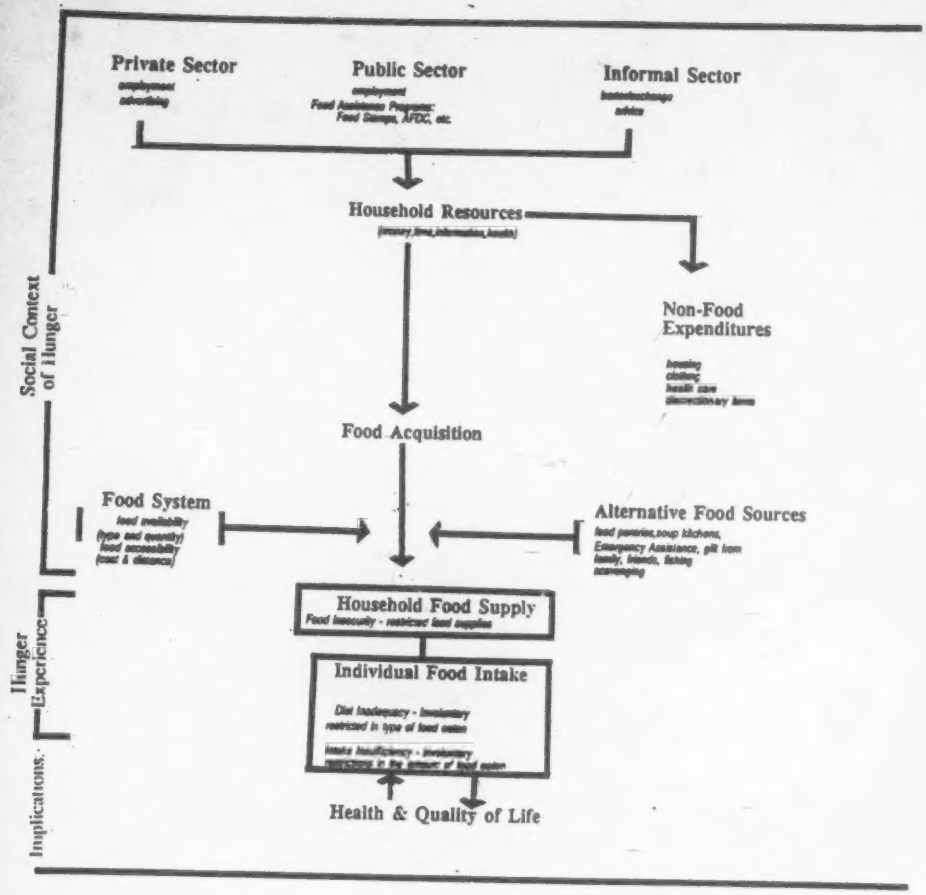
in the community or the population's vulnerability to hunger.

Evaluation of hunger is a subjective judgement. The measure of malnutrition and undernutrition can be evaluated in an objective manner, but this process is time-consuming, expensive and often not indicative of food insecurity problems. Local groups use different methods to document food insecurity in their communities such as interviews with emergency food providers and users on site, home visits, telephone interviews, and levels of service. Yet, as a result of being unable to measure hunger as such, these are only estimates to date of the extent to which food insecurity exists in the United States, thus limiting the possibility of addressing the problem in a comprehensive way.

Some have suggested that hunger should be measured as part of the national nutrition monitoring system; however, the system is designed to focus primarily on the general population and not on those who are at risk of hunger. In addition, it seems logical to assume that state and local governments would like to examine and address the issue in their own unique way, yet be able to collect accurate and comparable data to evaluate how successful they have been in reducing hunger compared to other jurisdictions.

From research conducted by the Library of Congress for the Select Committee on Hunger we have found that one possible way to achieve this goal would be to take a set of questions that relate to food security from existing surveys and incorporate them into all state and locally administered surveys (33). If this limited set of questions were asked in all surveys, then the results of these questions could be compared between and among surveys.

The goal of food security and the eradication of hunger could become reality by developing a capacity to generate community data to identify where conventional food sources are unable to consistently serve all community residents and to specify the reasons this situation exists. Such a system would inform program administrators at the federal, state and local levels where the problems exist in communities and how to target resources to alleviate problems of food insecurity.



Source: An amended version of "The Role of Nutrition Professionals in the Hunger Debate", Campbell, Katamay, and Connolly: CDA 49:230-235, 1988; based on doctoral research conducted by K. Radimer at Cornell.

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Appendix I

USDA objected to these questions on the NHANES III's "Family Questionnaire":

o Which of the following statements describes best the food eaten by (you/your family)?...Do you Have: a) enough food to eat, b) sometimes not enough, or c) often not enough to eat;

o Thinking over the past month how many days did (you/your family) have no food or money to buy food? Was it 1-3 days, 4-7 days, or more than 7 days in the past month? [The second part of this question was subsequently eliminated to make it open-ended.]

o Which of the following reasons explain why your family has had this problem? [with yes/no for each]
a) You did not have transportation (transportation problems)?
b) You did not have working appliances for storing or preparing foods (such as stove, refrigerator)?
c) You did not have enough money, food stamps, or WIC voucher to buy food of beverages?
d) Any other reason?

USDA raised concerns about these questions on NHANES III's "24-Hour Dietary Recall Form":

o How many days in the past month did (you/__) skip any meals because there wasn't enough food or money to buy food?

o During the past month, did (you/__) skip any meals yesterday because there wasn't enough food or money to buy food?

o During the past month, were there any days when (you/__) did not eat at all because there wasn't enough food or money to buy food?

o In the past month, how many days were there when (you/__) didn't eat at all?

Source:"Hunger Questions in Health Survey (NHANES III) Survive Quarrel," OMB Watch's Monthly Review, December 5, 1988.

Appendix II

		Pages
1.	Emergency Food Distribution Survey; Division of Economic Opportunities, Alexandria, Virginia	12-13
2.	Telephone Interview Questions for Soup Kitchens; New York State Emergency Food Relief Project	14
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5.	Client Survey; Oneida County Hunger Study, John Zogby Group	21-23
6.	Emergency Food Client Questionnaire; Contra Costa County Hunger Task Force	24-29
7.	Survey of Problems Related to Food Supply and Access to Food and Nutrition Services in South Carolina; Governor's Study Committee on Hunger and Nutrition	30-32
8.	Utah Nutrition Monitoring Project Survey; Utahns Against Hunger	33

Emergency Food Distribution Survey

Name of organization: _____

Address of Organization: _____

Contact Person: _____

Phone Number: _____

Date Survey Completed: _____

1. Do you provide emergency food?
   yes ____ no

2. Do you provide emergency food vouchers?
   ____ yes ____ no

3. To whom do you provide emergency food?
   All Alexandrians _____
   Only low income persons _____
   Parishioners only _____
   Other (please explain) _____

4. Where do you obtain your food?
   Food donations _____
   Monetary donations _____
   Food bank (if so, which one?) _____
   Other (please explain) _____

5. Would you be interested in working cooperatively with other community groups in Alexandria? In particular, would you be interested in
   A. cooperative buying agreements?
      _____ yes _____ no

   B. centralized food storage?
      _____ yes _____ no

C. use of perishable goods at grocery stores?

_____ yes _____ no

D. use of leftover foods from local restaurants?

_____ yes _____ no

6. Would you be willing to become a member of the Emergency Needs Task Force Food Committee? (Meetings are held approximately once every month)

_____ yes _____ no

7. If yes, please name those days of the week and times of the day which are most convenient for you to meet? (Please circle)

Monday
Tuesday
Wednesday
Thursday
Friday
8 a.m. - noon
noon - bag lunch
1 p.m. - 5 p.m.

8. Please indicate any additional comments you may have in the space provided below.

Date

N.Y.S. EMERGENCY FOOD RELIEF PROJECT

TELEPHONE INTERVIEW QUESTIONS FOR SOUP KITCHENS

(If you also run a food pantry, these questions are only about the soup kitchen part of your program.)

26 [ ]

code number | program name | contact person

1. How many meals did you serve each day (or each meal time if you serve more than one meal per day) in the past month starting with ____ (month) ____ (day)?

27 [| | | |]

(If your program is also a shelter, please indicate how many of those meals were for non-residents; or estimate the proportion of meals that were for non-residents.)

2. In the past month, have you helped more, fewer, or about the same number of:

older people?	more	fewer	same
younger people?	more	fewer	same
children?	more	fewer	same
women?	more	fewer	same
families?	more	fewer	same

31 [| | | | |]

3. In the past month, have you experienced any problems obtaining enough:

food?	no	yes
money?	no	yes
volunteers?	no	yes
equipment?	no	yes
transportation?	no	yes
other?		

36 [| | | | | |]

4. How many days did you have to turn any people away this month because of a lack of food, funds, space, or staff? _____; Don't know

What is your estimate of the number of people you had to turn away? _____; Don't know

42 [| |]

5. a) Do you know of any new soup kitchens or food pantries which have been started? NO ; if YES, do you know a contact person, phone number, or address for the program?

44 [| | | |]

48 [| |]

b) Do you know of any soup kitchens or food pantries which have closed? NO ; if YES, which one(s)?

50 [| | | |]

80 [6]

Date: _____

MINNESOTA FOOD SHELF SURVEY

We would like to know more about people who use food shelves so we can help them get what they need. Please try to answer all questions. It will only take about 10 minutes to fill out the survey. Do not write your name on this form. You do not have to fill out the survey if you don't want to.

After each question, please check the answer that best describes you. If the question asks you to "check all that apply" you can check more than one answer.

Next to questions with a blank (_____), please write in the number or information asked for.

1. Where do you live? Name of town/city _____
   Name of county _____

2. Are you male or female? ☐ Male ☐ Female

3. What race or ethnic background do you consider yourself?
   ☐ White ☐ Black ☐ Mexican/Hispanic
   ☐ Asian ☐ American Indian ☐ Other _____

4. Do you live alone? ☐ Yes ☐ No If YES, skip to Question #8

5. How many people, including yourself, are part of your household? _____

6. Please write the age of each child and adult, including yourself, in your household.
   _____ _____ _____ _____ _____ _____ _____ _____
   _____ _____ _____ _____ _____ _____ _____ _____

7. Which adults (people 18 or older) are living with you? Please check all that apply.
   ☐ Your husband or wife ☐ Other relatives _____
   ☐ Your mother/father ☐ Friends
   ☐ Your son/daughter (18 or older) ☐ No other adults

8. How old are you? _____

9. Are you or anyone in your household pregnant? ☐ Yes ☐ No

10. Did your or anyone else in your household receive income last month (June) from any of the following sources? Please check all that apply.

☐ full-time job	☐ Disability/Worker s compensation
☐ part-time job	☐ SSI
☐ Social Security	☐ GA (General Assistance)
☐ Pension	☐ Child Support
☐ AFDC	☐ No income
☐ Unemployment	☐ Other (Please write in: _____)

11. From which source did your household get the most income last month? _____

12. What was your household's total income last month (June), before taxes?

☐ 0	☐ 500-599	☐ 1,100-1,199
☐ 1-100	☐ 600-699	☐ 1,200-1,299
☐ 100-199	☐ 700-799	☐ 1,300-1,399
☐ 200-299	☐ 800-899	☐ 1,400-1,499
☐ 300-399	☐ 900-999	☐ 1,500-1,999
☐ 400-499	☐ 1,000-1,099	☐ 2,000 or more

13. Is your household income higher,lower, or the same as it was a year ago?

☐ Higher ☐ Lower ☐ About the same

14. Including today, about how many time have you gotten food from a food shelf in the last 12 months?

_____ times

15. When was the first time you got food from a food shelf?

☐ Today is the first time	☐ 6 months to one year ago
☐ one to six months ago	☐ one to 2 years ago
	☐ more than 2 years ago

16. Have any adults in your household, including yourself, had to skip meals in the past month because there wasn't enough money to buy food?

☐ Yes ☐ No

If YES, about how many meals have you had to skip in the last month? _____ meals

17. Have any children in your household had to skip meals in the past month because there wasn't enough money to buy food?

☐ Yes ☐ No

If YES, about how many meals have they had to skip in the last month? _____ meals

18. Do you or anyone living with you have health problems requiring a special diet?

☐ Yes ☐ No If NO, skip to Question #19

If YES, what special foods does that person need?

☐ Low salt ☐ Low fat or cholesterol

☐ Low sugar ☐ Other (Please write in: _____)

19. In the past month have you or anyone in your household received Food Stamps?

☐ Yes ☐ No

20. In the past month have you or anyone in your household . . . (Check all that apply)

☐ received help from WIC (Women, Infants and Children Program)

☐ eaten at a congregate dining program

☐ received free commodities distribution (such as cheese or butter)

21. In the past month have you or anyone in your household . . . (Check all that apply)

☐ eaten at a soup kitchen

☐ gotten food from friends or relatives

22. In the past school year did any of your children get . . . (Check all that apply)

☐ free or reduced price school breakfasts

☐ free or reduced price school lunches

If you or your household is currently receiving Food Stamps, please answer questions 23-26. If not, please go to question #26.

23. How long has your household been receiving food stamps?

☐ One month or less ☐ One to two years

☐ 2-6 months ☐ More than two years

☐ 6 months to one year

24. Do your food stamps run out before the end of the month?

☐ Yes, always ☐ Yes, sometimes ☐ Never

25. If you run out of food stamps, about when is it?

☐ By the end of the second week ☐ By the end of the fourth week

☐ By the end of the third week

26. In the past year, were you ever cut off from food stamps or did you ever drop out of the program?

☐ Yes ☐ No

If YES, why did that happen?

☐ Income was too high ☐ problems with the monthly report form
☐ don't know ☐ Other (Please write in: _____)

If you or your household does not receive food stamps, please answer questions #27-29.

27. Have you or anyone in your household applied for food stamps in the past year?

☐ No
☐ Yes and were turned down
☐ Yes and am still waiting

If you are still waiting, how long has it been? _____ days

28. If you have not applied for food stamps, why not? (Check all that apply)

☐ Don't know how to apply
☐ Don't think we are eligible
☐ Too much paperwork
☐ People look down on you if you use food stamps
☐ Want to stay off "welfare"
☐ Other (Please write in: _____)

29. If you applied for food stamps and were turned down, why? (Check all that apply)

☐ income too high ☐ too many assets
☐ didn't have proper documents ☐ other (Please write in: _____)

30. What would help you the most in getting enough food for you and your family?

_____

_____

_____

Thank you very much for answering these questions.

Oneida County Hunger Study **Door-To-Door Public Survey**

Hi, my name is ____. I'm doing a survey of Oneida County residents for the Utica Food Bank. Your phone number was selected at random by computer. The survey takes only two minutes.

May I speak to the main food buyer in your household?
If Yes, Proceed.
If No, ask to speak to that person
If Not At Home, ask when a good time to call back is.

1. About how much do you spend a week on food?
A.___Over $150 C.___$75-$99 E.___Under $40
B.___$100-$150 D.___$40-74 F.___Refuse

2. Do you feel that your food budget allows you to buy enough nutritious food?
A.___Yes B.___No C.___Not Sure D.___Refuse

3. In the past year, have you or any member of your household had to cut back on meals in order to stretch your food budget?
A.___Yes B.___No C.___Not Sure D.___Refuse

If Yes, do 3A.

3A. How often in the past year?
A.___Every Week B.___2 or 3 Days a Month C.___About Once a Month
D.___Once every Few Months E.___Just Once
F.___Other G.___Refuse

4. Because of lack of money or food, have you or any member of your household gone without food for 24 hours in the past year?
A.___Yes B.___No C.___Not Sure D.___Refuse

If Yes, do 4A.

4A. How often in the past year?
A.___Every Week B.___2 or 3 days a Month C.___About once a Month
D.___Once Every few Months E.___Just Once F.___Other
G.___Refuse

5. In the past year, when purchasing food, have you found yourself having to buy food that is filling rather than food that is nutritious?
A.___Yes B.___No C.___Not Sure D.___Refuse

6. Is the head of the household currently employed?
A.___Yes B.___No C.___Refuse

If Yes, do 6A. If No, do 6B.

6A. Full-time?
A.___Yes B.___No C.___Not Sure D.___Refuse

6B. Is it because of retirement, disability, lay-off between jobs, given up looking work?
A___Retired B___Disability C___Laid Off
D___Between Jobs E___Given Up F___Refuse

7. At any time of the past 8 years have you or the head of the household had to take a job that pays less than a previous job?
A___Yes B___No C___Refuse

8. Is your household receiving any benefits from the following programs:
A. Food Stamps: A___Yes B___No C___Refuse
B. Public Assistance: A___Yes B___No C___Refuse
C. Energy Assistance: A___Yes B___No C___Refuse

You have been a great help. Now I need some statistics.

9. Your age is?
A___18-24 B___25-54 C___55-64
D___65 Plus E___Refuse

10. Your household income is? (read choices)
A___Under $10,000
B___$10,000-Under $20,000
C___$20,000-Under $30,000
D___$30,000-Under $70,000
E___$75,000 Plus
F___Refuse

11. Your marital status is?
A___Single, Divorced, Separated, Widowed
B___Married C___Refuse

12. The number of people in your household is?
A___1 B___2 C___3 D___4 E___5 or more

Client Survey

John Zogby Associates, a private research firm in Utica, is trying to find out how many people in Oneida County have trouble getting enough food for themselves or their families. On behalf of John Zogby, we thank you for agreeing to be a part of this important project.

First I'd like to ask you some questions about your food buying habits.

1. Generally, do you buy your food monthly, weekly, or every couple of days?
   A.___Monthly B.___Weekly C.___Every Couple of Days

2A. Do you use food stamps?
   A.___Yes B.___No

2B. If yes, how much do you receive in food stamps? _____

2C. Do you supplement your food stamps with cash?
   A.___Yes B.___No

2D. If yes, generally how much cash do you use on a monthly basis? _____

3. Considering food stamps and/or cash, how much do you spend on food?
   A.___Weekly B.___Monthly

4A. Do you feel your food budget allows you to buy the nutritious food you need?
   A.___Yes B.___No

4B. If No, what do you do to get more food?
   A.___Food Pantries, Food Bank
   B.___Congregate Meals, Soup Kitchens, Meals on Wheels, Other
   C.___Relatives or Friends

4C. How often do you use this service?
   A.___More Than Once a Week B.___About Once a Week
   C.___3 or 4 Times a Month D.___Once a month
   E.___Couple Times a Year

5A. In order to stretch your food budget, have you or any member of your household had to skip meals at any time in the past year?
   A.___Yes B.___No

5B. If Yes, how often during the last year?
   A.___Every Week B.___2 or 3 Days a Month
   C.___About Once a Month D.___Once Every Few Months
   E.___Just Once or Twice F.___Other

6A. Because of a lack of money or food, have you or any member of your household gone without food for a 24 hour period in the past year?
   A.___Yes B.___No

6B. If Yes, how often during the last year?
   A.___Every Week B.___2 or 3 Times a Month
   C.___About Once a Month D.___Once Every Few Months
   E.___Just Once or Twice F.___Other

Now I would like to ask you a few questions about your expenses.

7. How many live in your household?
A.___Number of Children Ages_____
B.___Number of Adults Ages_____
Relationship: Self/__ Spouse__ Other(Specify)_____

8. Do you own your home or rent?
A.___Own B.___Rent

8A. If Own, how much is your mortgage?
_____

8B. If Rent, how much is your rent?
_____

9. On average, monthly how much do you spend on:
A._____Electric B._____Heat C._____Phone

10A. Do you own an automobile?
A.___Yes B.___No

10B. If Yes, do you have monthly payments?
A.___Yes B.___No

How Much?_____

10C. If No, what means of transportation do you use?
A.___Friend or Relative B.___Bus C.___Taxi
D.___Walk E.___Other

11A. Do you receive medicaid or medicare?
A.___Yes B.___No

11B. If No, about how much money did you spend on medical bills during the last year?
Medical___ Dental___

Now I would like to ask you a few questions about your income.

12A. Do you or anyone in your household receive:

A.___Food Stamps:	A.___Yes	B.___No	C. How Much?___
B.___AFDC or Home Relief (Welfare)	A.___Yes	B.___No	C. How Much?___
C.___SSI	A.___Yes	B.___No	C. How Much?___
D.___Social Security	A.___Yes	B.___No	C. How Much?___
E.___Disability	A.___Yes	B.___No	C. How Much?___
F.___Energy Assistance	A.___Yes	B.___No	C. How Much?___
G.___Unemployment	A.___Yes	B.___No	C. How Much?___

12B. How Long?_____

13A. Currently are you or anyone in your household working?
A.___Yes B.___No

13B. If Yes, Fulltime?
A___Yes B___No

13C. How much an hour, or a paycheck?
A___Weekly B___Bi-Weekly C___Monthly

14. If working, are you currently making less money than at any time in the past year?
A___Yes B___No

15A. In the past eight years, how many jobs have you had?
___

15B. In the past eight years, how many episodes of unemployment and how long for each?
_____

16. At any time have you or any member of your household had unemployment benefits run out without finding employment?
A___Yes B___No

17. At this moment, given your circumstances, what do you consider you greatest need?

A___Better and Affordable Housing	A___Yes	B___No
B___More Food	A___Yes	B___No
C___Medical Care Coverage	A___Yes	B___No
D___Money for Car or Transportation Needs	A___Yes	B___No
E___Money to Spend on Non-essentials	A___Yes	B___No

18. If you have to cut back in your budget, where do you cut back?

A___Food	A___Yes	B___No
B___Heat/Utilities	A___Yes	B___No
C___Transportation	A___Yes	B___No
D___Other (Specify)_____		

19. Some government officials have said that the real problem is that most people do not know how to budget their money. If they did, people wouldn't run out of money for food.
Please Comment.

20. Considering the high cost of living today, everyone finds meeting the basic living expenses difficult. Can you briefly explain some of your experiences/difficulties in meeting your basic needs of food, housing, medical care, transportation, employment.

21. If you could influence government programs, what changes/improvements would you recommend to be able to help people who are in need?

*** EMERGENCY FOOD CLIENTS QUESTIONNAIRE ***

INTRODUCTION

My name is _____ I work with the Hunger Task Force. We're doing a survey of community food needs to find out when people need help getting food and whether the food assistance available to them is adequate.

The survey is confidential. I won't ask your name and the information you give me will not be used to determine your eligibility or benefits from any program. You don't have to answer any of these questions if you don't want to, but we'd appreciate as much information as you can give us.

I'd like to start out by asking you some questions about yourself and your living situation.

1. How did you first find out about this program?
   - ☐ Friend
   - ☐ Word of mouth
   - ☐ Social services/welfare office
   - ☐ Other: _____

2. Sex: ☐ Female ☐ Male

3. Do you live in Contra Costa County?
   - ☐ YES: A. In what city (or part of the county)? _____
     B. How long have you lived here? _____years _____months
   - ☐ NO: A. Where do you live? _____
     If transient, check here.....☐

4. What is your occupation? _____

   Your spouse or partner's occupation? _____

5. What kind of housing do you have?
   - ☐ Own house
   - ☐ Apartment
   - ☐ Shelter/Mission
   - ☐ Live with family/friends
   - ☐ Rent house
   - ☐ Hotel/Motel
   - ☐ Car/RV/Van, etc.
   - ☐ Homeless
   - ☐ Mobile home
   - ☐ Rent room/no kitchen
   - ☐ Rent room/with kitchen
   - ☐ Other: _____

6. Do you live alone?
   - ☐ YES IF YES: Skip to Question 9.
   - ☐ NO

7. How many people live in your household including yourself? _____

8. Are all of these people members of your family group?
   - ☐ YES
   - ☐ NO. Number of other people sharing housing unit_____

9. What was your age at your last birthday? _____ (Skip to question 10 if you do not live with a family group)

   Are there any children in your family group? ☐ YES ☐ NO
   IF YES: WHAT ARE THEIR AGES?

   1_____ 2_____ 3_____ 4_____ 5_____ 6_____ 7_____ 8_____

   Are there any (other) adult women in your family group? ☐ YES ☐ NO
   IF YES: WHAT ARE THEIR AGES?

   1_____ 2_____ 3_____ 4_____ 5_____ 6_____ 7_____ 8_____

   Are there any (other) adult males in your family group? ☐ YES ☐ NO
   IF YES: WHAT ARE THEIR AGES?

   1_____ 2_____ 3_____ 4_____ 5_____ 6_____ 7_____ 8_____

10. What is your ethnic background?
    - ☐ Black ☐ White
    - ☐ Hispanic ☐ Native American
    - ☐ Asian ☐ Other_____

11. Are there any family members in poor health? #_____Adults #_____Children

    (Are you or) is anyone in your family group:

    PREGNANT?_____ ☐ YES ☐ NO
    BREASTFEEDING?_____ ☐ YES ☐ NO

12. What happened that made it necessary for you to come here today?
    - ☐ recent job loss
    - ☐ aid late
    - ☐ aid temporarily discontinued
    - ☐ ran out of food stamps
    - ☐ applying for aid but have not received it yet
    - ☐ unusual expenses this month
    - ☐ Other. Describe_____

13. Is this the first time you've received food from a program like this one?

D YES (Skip to question 15.)
D NO How many times have you received food in the past 12 months? _____

14. When was the first time you sought food assistance?_____

15. Do you or your family members regularly use any of the following food programs?

D Senior Nutrition Sites
D WIC
D Commodity Program (Butter & Cheese)
D Senior Brown Bag
D School Breakfast/lunch program
D Other: _____

16. Do you get food stamps?

D YES: How many weeks worth of food can you usually buy with your stamps? _____weeks. (Skip to question 18.)
D NO

17. Have you ever applied for food stamps? D YES D NO
What are the reasons you're not getting food stamps (or haven't applied? (Check all that apply)

D don't need them
D applied/turned down
D don't think I'm qualified
D waiting for stamps
D language barriers
D embarrassment/pride
D can't fill out forms
D do not want to apply
D scared to apply
D not worth the trouble/red tape
D don't have transportation
D don't know about food stamps

18. What are your family's sources of income?

$_____AFDC
$_____SSI (Disability)
$_____General Assistance
$_____Unemployment
$_____Food Stamps
$_____Salary
$_____Pension
$_____Social Security
$_____Child support
$_____Other: _____

TOTAL $_____

19. How much does your family spend each month on the following items?
(Include only family's share of rent and household expenses)

$_____ Rent
$_____ P0 & I
$_____ Water/Sewer
$_____ Propane or wood
$_____ Garbage
$_____ Food
$_____ Telephone
$_____ Car Payment: Have Car?: D Yes D NO
$_____ Transportation costs
$_____ Regular medical expenses not covered by insurance
$_____ Other_____
$_____ Other_____

TOTAL $_____

20. Are you or any family members putting off medical or dental care because you can't afford it? D YES D NO

IF YES: DESCRIBE_____

FOR FOOD BOX RECIPIENTS:

21. What kinds of foods would you like to have in the food boxes (bags)?

_____

22. With the food you got today and what you already have at home, how many days will you be able to feed your family? _____days

23. Are there any foods in the box you don't know how to cook?
D YES D NO IF YES: WHICH ONES_____

24. Are there any foods in the box your family won't eat? D YES D NO
IF YES: WHICH ONES_____

FOR SOUP KITCHEN PATRONS:

25. Did you have enough to eat here today? ☐ YES ☐ NO

26. Did you like the foods that were served here today? ☐ YES ☐ NO

27. What kinds of foods would you like to see served?

Bread / cereal group _____ Meat group _____

Fruit / vegetable group _____ Milk group _____

Other _____

28. How often do your children go to bed hungry because there is not enough food to eat?
☐ never ☐ rarely ☐ sometimes ☐ often ☐ always

Comments: _____

29. How often do you go without food so your children can eat?
☐ never ☐ rarely ☐ sometimes ☐ often ☐ always

Comments: _____

30. How often do you think about where your next meal is coming from?
☐ never ☐ rarely ☐ sometimes ☐ often ☐ always

Comments: _____

31. How would you rate the quality of your family's diet?
☐ very poor ☐ poor ☐ fair ☐ good ☐ excellent

32. Do you do any cooking? ☐ YES ☐ NO
IF HOMELESS: WHAT KIND OF EQUIPMENT AND HEAT SOURCE DO YOU USE? _____
(SKIP TO QUESTION 34)

33. Do you have the following appliances where you are now living?

D Stove or D hotplate
D Other heating/cooking source
D Oven
D Refrigerator
D Freezer
D None of these

34. How often do you have hot meals?

D daily D most days D once in a while D hardly ever

35. Where do you do most of your grocery shopping?

D supermarket Which one? _____
D discount store/warehouse buying (Price Club, etc.)
D convenience market (7-11, Quickstop, "Mom and Pop", ethnic food store)
D Farmer's market
D Other

36. Why do you shop there?

D convenient location D good selection of foods D lower prices
D accepts food stamps/vouchers D other: _____

37. How do you usually get to the grocery store?

D own car D bus D cab D walk D go in friend's car
D don't shop D other: _____

38. Would any of the following things be helpful to you?

D tips on getting the most for your money at the grocery store
D information on money-saving recipes and cooking techniques
D recipes and information for using government commodity foods
D nutrition information
D information about budgeting money
D information about how to grow a garden
D information about government programs and services for which you may be eligible
D other _____

39. Do you have any other comments? Any ideas about what can be done to help hungry people?

_____
_____
_____

For Office Use
FORM NO. (1-4) ☐☐☐☐
COUNTY CODE (5-6) ☐☐

Survey of Problems Related to Food Supply and Access to Food and Nutrition Services in South Carolina

Conducted by the Governor's Study Committee on Hunger and Nutrition

Interviewer's name: _____ Location of interview:

County (city) _____

Agency _____

Interviewer says: "I am — _____

(Give your name and the agency with which you work)

Then say: "The Governor of South Carolina, Governor Riley, is very concerned about whether there are people in South Carolina who do not have enough food to eat. A study committee has been formed by the governor to study this problem.

"The committee is headed by Elizabeth Patterson who is a senator from Spartanburg. Today I am interviewing people in _____ (County, or Town, or agency) to see if there are people in our area who do not have enough food to eat at all times."

Also say: "Any information I get will be kept confidential. I am not even writing down the name of people with whom I talk. Would you be willing to answer a few questions about your experience in obtaining food for yourself or your family."

If respondent says "yes" proceed to Question #1.

1. How many people, including yourself, live in the same house with you? Number? (7-8) ☐☐

2. *NOTE TO INTERVIEWER: By observation record sex and race of respondent. Put an "X" in appropriate box.*

SEX: (9) Male ☐
Female ☐

RACE: (10) White ☐
Black ☐
Hispanic ☐
American Indian ☐
Asian/Oriental ☐

3. What is your age? AGE (11-12) ☐☐

4. What is the age of the youngest person in your household? AGE (13-14) ☐☐

5. What is the age of the oldest person in your household? AGE (15-16) ☐☐

6. Do you or any members of your household currently (within last 3 months) receive help from any of the following sources?

Interviewer should name each source and CHECK (x) respondent's answer.

Food Stamps	(17) Yes ☐	No ☐
WIC (self or child)	(18) Yes ☐	No ☐
Aid for Dependent Children (AFDC)	(19) Yes ☐	No ☐
Supplemental Security Income (SSI)	(20) Yes ☐	No ☐
Disability Income	(21) Yes ☐	No ☐
Meals at a Group Meal Site for the Elderly	(22) Yes ☐	No ☐
Home Delivered Meals	(23) Yes ☐	No ☐
Meals at a Soup Kitchen	(24) Yes ☐	No ☐
Free or Reduced School Lunch (children)	(25) Yes ☐	No ☐
Free or Reduced Breakfast (children)	(26) Yes ☐	No ☐
Food from a Food Pantry Other Emergency Food Source	(27) Yes ☐	No ☐
USDA Commodity Foods	(28) Yes ☐	No ☐

7. In the past year (past 12 months) have you applied for any of the following services and been turned down?

Food Stamps	(29) Yes ☐	No ☐
WIC	(30) Yes ☐	No ☐
AFDC	(31) Yes ☐	No ☐
SSI (Supplemental Security Income)	(32) Yes ☐	No ☐
Disability Income	(33) Yes ☐	No ☐
Other (Specify)	(34) Yes ☐	No ☐

Office use: Code ☐☐☐

If Respondent says "yes" to any service in Question #5, then ask:

8. What reason were you given for being turned down?

(a) _____ (35-36) ☐☐

_____

(b) _____ (37-38) ☐☐

_____

(c) _____ (39-40) ☐☐

_____

Interviewer says Now I would like to ask you some questions about the experience you or others in your household have had in obtaining food to eat.

Check appropriate answer (x)

9. Are you and others in your household always able to obtain enough food to eat? (41) Yes ☐ No ☐

10. Do you sometimes run out of food, money to buy food, or food stamps before the end of the month?

(42) Yes ☐ No ☐

If "Yes": How many times has this happened in the past year? (43-44) Number: ☐☐

11. Were there any days in the past 6 months when there was some food in your house, but not enough different kinds of food to make a whole meal? (46) Yes ☐ No ☐

12. Are you worried that you will not have enough food for you or your family to eat next week? (48) Yes ☐ No ☐

13. In the past year, have there been times when you did not get enough food to eat for any of the following reasons?

Interviewer read list and check "Yes" or "No" as to whether this is a problem for the respondent or other household member.

Had applied for food stamps or other food assistance and was waiting to receive	(47)	Yes ☐ No ☐
Do not want to take "handouts"	(49)	Yes ☐ No ☐
No transportation to grocery store	(49)	Yes ☐ No ☐
No transportation to apply for food stamps, or WIC, or to a place where food is given free	(50)	Yes ☐ No ☐
No working refrigerator	(51)	Yes ☐ No ☐
Food had to be thrown out because of spoilage or insect infestation	(52)	Yes ☐ No ☐
No working stove or way to cook food	(53)	Yes ☐ No ☐

Note to Interviewer: Ask the following question only if this interview is being conducted at a Soup Kitchen, Emergency Food Box Program, Elderly Meal Site, or to a person receiving home delivered meals.

14. If you were not eating this meal (or getting this food) today, would you have gone without any food to eat? (54) Yes ☐ No ☐

End of Interview

UTAH NUTRITION MONITORING PROJECT
1985

___ 1. Census Block: _____
___ 2. Address: _____
_____
_____
___ 3. Family Name: _____
___ 4. Ethnic Origin: (1)White (2) Black (3) Hispanic (4) Asian/Pacific (5) Native American
___ 5. Household Members Age:
___ * 0 to 1 yrs
___ * 1 to 5 yrs
___ * 6 to 12 yrs
___ * 13 to 18 yrs
___ * > 18 yrs
___ 6. Years of Education of Father
___ 7. Years of Education of Mother
___ 8. Monthly Income (including public assistance)
___ 9. * in Household Employed Full-time
___ 10. * in Household Employed Part-time
___ 11. Type of Employment: _____
_____
_____
___ 12. * of Weeks Breastfed Youngest Child
___ 13. Currently Breastfeeding? (1=no X2=yes)
___ 14. How Many Pregnancies Have Women in This Household Had?
___ 15. Miscarriages?
___ 16. Stillbirths?
___ 17. Live Births?
___ 18. * Died Since Birth
___ 19. Age at Death, and Cause?
___ * 0 to 1 yrs 20. _____
___ * 1 to 5 yrs _____
___ * 6 to 12 yrs _____
___ * 13 to 18 yrs _____
___ * > 18 yrs _____
___ 21. Amount Spent on Food Last Month?
___ 22. Garden? (1=no X2=yes)
___ 23. Estimated Monetary Value of Home Grown Food?
___ 24. Number of Days Your Family Could Eat With Food Currently on Hand?
___ 24a. If You Had an Extra $10, What Would You Buy?
_____
_____
___ 25. Does Your Income Allow Your Family To Meet Basic Needs in: (1=no X2=yes)
___ Food?
___ Clothing?
___ Housing Costs?
___ Transportation?
___ Medical Care?
___ Education?
___ Recreation?
___ 26. When Is Your Family In Need of Food And You Don't Have Money, What Do You Do?
1. _____
2. _____
___ 27. As Compared To a Year Ago, How Are Things For Your Family?
(1) Worse (2) Slightly Worse (3) Same
(4) Little Better (5) Much Better
___ 28. How Do You Think Things Will Be For You In a Year?
(1) Worse (2) Slightly Worse (3) Same
(4) Little Better (5) Much Better
___ 29. Number of TIMES During The Past Year a Household Member Has Gone Without Food Because of Lack of Resources?
___ 30. Number of TIMES During The Past Year Your Household Could Not Get Needed Medical Care Because of Lack of Resources?
___ 31. How Would You Rate Your Household's Health?
1 _____ 5
poor good
___ 32. What Do You Think Would Help Your Family Have Better Health?
(1) More Access to Health Care
(2) More Variety of Food
(3) Reduction in Bad Habits
(4) Better Living Conditions
(5) More Money
___ 33. Is Anyone in Your Household on a Special Diet? (1=no X2=yes)
→ What Kind? _____
_____
___ 34. Who Prescribed the Diet?
(1) Doctor (2) Dietician (3) Health Care Provider (4) Family Member (5) Natural Practitioner
___ 35. Are You Now or Have You Ever Participated in the Following Programs: (1=now X2=past X3=never)
* Months
If Not, Why?: (1=did not know about it) (2=feel that I should not use it X3=not eligible X4=no transportation X5=other)

	Participate	months	reason
Head Start	___	___	___
WIC	___	___	___
Food Stamps	___	___	___
Food Bank	___	___	___
Commodity Foods	___	___	___
School Lunch	___	___	___
LDS Storehouse	___	___	___
Other Church	___	___	___
Soup Kitchens	___	___	___
AFDC	___	___	___
Welfare	___	___	___
Unemployment	___	___	___
LDS Welfare	___	___	___
Other	___	___	___

___ 36. If You Are Not Using Assistance, But Do Need It, Under What Circumstances Would You Use It?
_____
_____
_____

Prepared Statement of Kenneth R. Farrell, Vice President, Agriculture and Natural Resources, University of California

Mr. Chairman, as you are aware, hunger is a problem of major and increasing significance throughout the United States. According to a 1987 California Senate Office of Research report, 1.5 million Californians are unable to secure food for themselves without extensive government and charitable assistance.[1] Numerous other studies, including the Harvard Physicians Task Force on Hunger report which asserts that hunger has reached "epidemic" proportions in the United States, confirm the pervasiveness of the hunger problem.[2]

The causes of hunger are numerous and complex. There are multiple definitions of hunger stressing various contributory factors, e.g., clinical and behavioral aspects of health; social conditions involving family structure and behavior; economic, including inadequate income; inadequate information and understanding of relationships concerning food and nutrition. However one chooses to define hunger and identify its contributory factors, it emanates from and manifests itself in the absence of food security, i.e., the ability to access adequate food supply from conventional sources to provide an adequate diet.

The Expanded Food and Nutrition Education Program (EFNEP), operated by Cooperative Extension of the Division of Agriculture and Natural Resources at the University of California, has developed several innovative approaches to enhance access to food supplies and hence to increase food security on the part of low-income California families. With your indulgence, I will briefly describe those approaches.

The overall purpose of the Adult EFNEP is to improve the dietary well-being of low-income families.[3] EFNEP's Food Access Program is designed to provide research, education and technical assistance for the purpose of improving the effectiveness, efficiency, and coordination of county-level emergency food distribution systems serving low-income families and individuals. The primary objective is to increase the quality and quantity of food available to the hungry and poor in California through nutrition education for targeted providers, teaching of optimal food storage and food safety techniques, and enhanced coordination of food acquisition, transportation, and delivery activities among local emergency food systems.

Currently, EFNEP's Food Access Program addresses the critical and growing issue of hunger by providing research and technical assistance to 23 California counties (see Figure 1). Adult EFNEP state staff work with county home economists to implement various phases of Food Access projects. Such phases can include:

- Assessing the level and nature of hunger and the adequacy of local emergency food distribution systems through the conduct of Emergency Food Provider and Client Surveys;
- Facilitating the development of emergency food coalitions or workshops which can implement action plans to address such problems as food storage or sanitation;
- Sponsoring educational efforts to increase public awareness concerning hunger;

- Providing nutrition education and consulting assistance to the food distribution network and on a direct service basis to their clients (emergency food recipients);

- Teaching nutrition, food buying safety, and storage to food providers (i.e., food pantry and soup kitchen staff) and to low-income families with children to ensure that adequate nutritional needs are met.

Program accomplishments include:

- Completion of 14 Emergency Food Provider Surveys in the state; three more are in progress. Thus far over 400 food providers who operate emergency sites have been interviewed to assess the number of clients they serve and the food distribution problems they have.

- Completion of 13 Emergency Food Client Surveys in the state; at least three more are in progress. Approximately 1500 clients of soup kitchens and food pantries have been interviewed to assess their situation, determine their needs and use of food programs, and find out their reasons for seeking emergency food.

- Training of food providers to improve food safety and sanitation at soup kitchens and food pantries.

- Provision of nutrition education and information to over 4000 emergency food clients.

Our experience in California with the EFNEP Food Access Program leads us to several conclusions and recommendations. The most important may be our conclusion that hunger, food access, and food security--in the sense I have defined these terms--can be most effectively dealt with at the local community level. Additional federal and state support is needed in California to permit us to expand programs of the type outlined above. We are now reaching only a small fraction of the 1.5 million persons in California unable to secure food for themselves without extensive government and charitable assistance.

Second, it is essential that a simplified, continuous monitoring system be developed on a statewide basis to assist state and local agencies in identifying the nature and extent of hunger. State and local agencies require such information to most effectively target food security programs. Our EFNEP requires such information to assist in planning our food access programs, evaluating their effectiveness, and designing further program improvements. As matters now stand, our knowledge of the hunger problem and thus our programs are fragmented and, in some respect, inconclusive with respect to intended results.

Although Cooperative Extension is an education agency, not a statistical collection and reporting agency, the presence of Cooperative Extension offices and personnel in each of our 57 counties places us in an excellent position to assist state, county, and community agencies in the design of appropriate data collection and analysis systems to permit effective monitoring of the hunger problem and development of more effective programs to enhance food security among low-income consumers, both rural and urban.

Mr. Chairman, I am pleased with your Committee's interest in these important issues. We are prepared to do our part in addressing these issues.

FIGURE I

• EFNEP FOOD ACCESS COUNTIES
Siskiyou
Shasta
Mendocino
Sonoma
Butte
Sutter
Yuba
Placer
Sacramento
Contra Costa
Alameda
San Mateo
Santa Clara
Stanislaus
Fresno
Tulare
San Luis Obispo
Ventura
Los Angeles
San Bernardino
Orange
Riverside
San Diego

REFERENCES

[1]Senate Office of Research, Food Policies & Hunger in California, Joint Publications, State Capitol, Box 942849, Sacramento, California 94249-0001. August 1987.

[2]Physician's Task Force on Hunger, "Hunger in America, the Growing Epidemic," Harvard University School of Public Health, 1985, Boston, Massachusetts.

[3]EFNEP was established in 1968-69 in the U. S. Department of Agriculture. Federal funding (Smith-Level 3D Funds) are appropriated annually by Congress. California receives approximately $2.5 million annually.

PREPARED STATEMENT OF CHERYL A. WEHLER, PROJECT DIRECTOR, COMMUNITY CHILDHOOD HUNGER IDENTIFICATION PROJECT (CCHIP), FOOD RESEARCH AND ACTION CENTER

I. INTRODUCTION

The Community Childhood Hunger Identification Project (CCHIP) is a unique community research effort. CCHIP provides research tools to community organizations interested in documenting hunger in their communities. The CCHIP survey measures the extent of hunger among low-income families with children under twelve years of age in select geographic locations.

CCHIP has three phases: Phase I, The Development Phase, Phase II, The Replication and Evaluation Phase, and Phase III, The Dissemination Phase. The Development Phase (I) was conducted under the auspices of the Connecticut Association for Human Services with funding from the Primerica Foundation. The goal of Phase I was to develop relatively low cost, simple, yet scientifically valid tools to be used by community organizations to measure hunger. The objectives included formulating a theoretical definition of hunger, developing an operational definition, determining an appropriate measure, developing data collection instruments and determining what methods should be employed. A survey instrument was developed and pilot tested and a Field Manual, which provides step-by-step instructions to measure childhood hunger at the community level was produced.

To further ensure that a proper balance is struck between scientific rigor and community implementation capability, FRAC is sponsoring Phase II of CCHIP. As a national anti-hunger advocacy organization with excellent ties to a network of state and local groups, FRAC's national CCHIP staff is using the CCHIP Field Manual and providing technical assistance to stimulate the replication of CCHIP surveys in approximately 10 sites nationwide.

Since its inception, one of the unique aspects of CCHIP is the marriage between science and community advocacy to address the needs of hungry children. To ensure the reliability of the science involved, a Technical Advisory Committee (TAC) was formed. The TAC members provided the project with guidance and expertise in the broad range of areas which encompass the components of the multi-faceted problem of childhood hunger. The TAC consists of prominent professionals in the areas of medicine, public health, child health policy, nutrition, survey research methodology and community advocacy.

II. PROJECT BACKGROUND

A. History of Hunger Research

Hunger surveys in the United States have their origin in nutrition surveys. The subjective nature of the phenomenon of hunger creates barriers to operationally defining it and developing reliable measures. To circumvent this problem, hunger has historically been theoretically defined in terms of its nutritional consequences thereby rendering it more easily measurable utilizing clinical, anthropometric and biochemical indicators of nutritional deprivation. While hunger and malnutrition are both multi-faceted problems, they are not, however, synonymous. Hunger is a state arising from inadequate food intake. Malnutrition is the impairment or risk of impairment to physical and mental health resulting from the failure to meet the total nutrient requirements of an individual. If food intake is chronically limited, hunger results. The potential health risk of inadequate food intake to

meet physiological requirements depends on many factors including which nutrients are inadequate, the chronicity and magnitude of the deprivation and the efficiency of an individual's nutrient utilization. Unfortunately, using malnutrition as a proxy for hunger impedes our ability to ascertain risk factors that may contribute more directly to chronic hunger than to its resultant physical manifestations.

Recently, the information needs of service providers and policy-makers have centered on quantitative estimates of the prevalence of hunger and the characteristics of groups at-risk of developing this chronic problem.

Chronic hunger is a complex, multi-faceted social problem lying somewhere on the continuum between inadequate resources to acquire sufficient food and a multitude of potential negative outcomes including health problems and poor school performance in children.

To that end, CCHIP researchers are examining theoretical models of hunger that include its social antecedents as well as its medical outcomes. Such models rely on operational definitions of this phenomenon that include such measureable components as inadequate food purchasing power, diminished access to food, food shortages, changes in food intake, coping strategies and perceived hunger. The goal of these studies is to measure the extent of hunger; identify and measure the predictive values of risk factors and potentially establish causal relationships.

B. Problems with Community Organizations' Attempts to Document Hunger

One of the frustrations of local and state-wide groups has been the lack of "hard data" to demonstrate that hunger is a serious problem among children from low income families. Their claims of an increasing hunger problem among low-income children have been questioned by some policy makers because of the anecdotal nature of reports of increased demand for food from private emergency sources such as soup kitchens and food pantries.

Anecdotal reports of childhood hunger are often not accorded serious policy intervention because it is assumed that the descriptive nature of community reports renders them inconclusive and thus insupportable. Although the informal observations made by community groups are generally not quantified, such data is neither groundless nor inconsequential. Unfortunately, given the nature of the available information, the focus of policy makers is diverted from the existence of a childhood hunger problem to the validity of community generated data. Faced with this dilemma, policy makers frequently revert to requesting "hard data" to document that children living in poverty are, in fact, hungry and as a result may be at risk of a host of health and developmental problems. Such "hard data" is rarely collected and presented by concerned citizens' groups primarily because of their inexperience with and intimidation by scientific methodology. This inexperience discourages concerned citizens across the nation from identifying hunger among children in their communities and advancing creative solutions to the problem.

Community groups are in a key position to identify problems where they are most acute and provide decision makers with the information needed to address serious problems affecting children in their community. These organizations recognize that the accurate documentation of need is a key element in securing responsive public policies and that the application of scientific methods to a problem such as childhood hunger is the most reliable basis upon which to determine need. Yet, they lack the proper tools to do the job.

III. PHASE I - DEVELOPMENT PHASE

A. Introduction

The Development phase of CCHIP was undertaken by the Connecticut Association of Human Services in response to requests by community groups to have access to valid measurement tools and methods in their efforts to address the problem of childhood hunger.

B. Phase I - Goals and Objectives

The goal of the Community Childhood Hunger Identification Project (CCHIP) Phase I was to develop relatively simple, yet scientifically valid, measurement tools and methods with which community organizations throughout the nation could identify and document the existence of hunger among the children in their communities at a relatively low cost.

Phase I Objectives:

1. Define "hunger."

   A. Determine a measure of hunger.
   B. Develop an operational definition of hunger.

2. Determine a method of measuring hunger.

3. Determine socio-demographic factors which correlate (are associated) with hunger.

4. Determine the "measurement tool" most appropriate given:

   a) the definition of hunger adopted for this project;
   b) the method developed for measuring hunger;
   c) the multi-faceted aspects of the problem, and
   d) the ability of community groups to replicate the proposed method.

5. Develop the "measurement tool" to ascertain `reported´ hunger or food shortages and the factors associated with it.

6. Test the "measurement tool" and methods.

7. Revise tools and methods based on test results.

8. Develop a field manual for local use which describes the methods used to determine the extent of hunger in families with children within a community.

C. Implementation

1. Introduction

Developing tools to be used to document the extent of hunger in a community requires a basis for defining hunger as well as an understanding of the medical or socioeconomic parameters that are associated with this problem. Unfortunately, there is little scientific evidence supporting either a definition or such direct correlations.

Hunger is a state arising from inadequate food intake. The risk of physical or mental impairment due to hunger depends on the specific nutrients missing from the child's diet and the magnitude and frequency of inadequate food intake. For the purpose of this project, hunger was formally defined as: the mental and physical condition that comes from not eating enough food due to insufficient economic, family or community resources.

Given this definition, we developed a conceptual framework that focused on the relationship between economic resources and a child's nutritional status. The relationship between economic resources and nutritional status is pivotal because hunger is often the intermediary step between inadequate resources and poor nutritional status. This conceptual framework was used in the questionnaire development.

2. Questionnaire Development

The project staff used the Pilot Questionnaire to conduct a study, henceforth known as the Hunger Correlate Study, in an effort to determine some of the correlates of hunger to be incorporated in the Community Questionnaire.

In summary, the pilot study had two main objectives: 1) to empirically develop an index to measure hunger, 2) to determine the correlates of hunger and 3) to establish the extent of the correlation between hunger questions and other objective measures of nutritional status, e.g. anthropometric or dietary indicators.

The staff drafted an extensive Pilot Questionnaire. The questionnaire contains questions on the following topics: household composition, socio-economic information, shopping and eating patterns, food emergencies, perceived hunger, strategies for coping with food emergencies, participation in various publicly-funded programs, household financial information, the health status and the school attendance records of the children.

Questions were included in the questionnaire if they:

* 1) potentially identified a household which chronically experiences food emergencies (i.e., they run out of food which cannot be readily replaced and which therefore leads to hunger);

* 2) will help to describe both the "hungry" and the "non-hungry" groups sampled;

* 3) identify possible underlying causes of the problem; or

* 4) elicit the respondent's opinion on current family/community resources and potentially beneficial public policy changes.

Following the development of the questionnaire, the instrument was professionally reviewed; it was then pretested both by professional interviewers and trained community interviewers. These pretests were conducted to determine whether the question construction permitted the elicitation of pertinent responses, and to examine the feasability of conducting telephone interviews.

3. Hunger Correlate Study

The current lack of a large body of scientific literature defining specific measures of hunger or its correlates led to our conducting a Hunger Correlate Study to identify factors that are closely associated with reported hunger or chronic food shortages. This was an essential element in the project's goal of developing scientifically valid instruments and methods to identify childhood hunger. In an effort to address potential criticisms concerning the subjective nature of hunger, a component was included to explore the relationship between reported hunger and scientifically accepted and measurable indicators of poor nutritional status.

A systematic area probability sample of households was drawn from a listing of families with children under 12 living in a low-income neighborhood consisting of 3 census tracts. 403 face-to-face interviews were conducted. The response rate among contacted eligibles was 83%.

Data was collected on potential proxies for and correlates of hunger such as inadequate food purchasing power, diminished access to food, food shortages, changes in dietary intake, coping strategies and perceived hunger. In addition, socio-demographic, economic, health and anthropometric data was collected.

A multi-dimensional construct was developed to measure hunger.

4. Development of Index to Measure Hunger

A hunger scale was constructed using the answers to eight key questions which directly elicit information on food shortages or perceived hunger. These eight questions were used to create variables that determined if the following components of hunger had been experienced in the past 12 months:

- Household had too little money to buy food to make a meal
- Adult household members perceived hunger because of too little money
- Mother perceives her child(ren) ate too little
- Child(ren) said they were hungry when there was no food or money
- Child(ren) went to bed hungry because there was no food or money
- Child(ren)'s meals were cut or skipped because there was no food money
- Adult household members cut the size or skipped meals because there was no food money
- Household relied on limited number of "emergency" foods because there was no food money

A household was assigned values of "0" (a negative response to the question) or "1" (any degree of positive response, i.e. problem) for each of the eight questions. Each household could, therefore, have a hunger score from 0 to 8. A score of 0 meant they answered none of the above questions positively indicating that no hunger problem exists.

Conversely, a score of 8 meant that they answered all of the questions in a positive manner, suggesting that a more serious hunger problem exists.

Using conventional correlation analysis, we determined that a score of 5 or above indicated a serious food shortage problem which was associated with other negative outcomes such as increased specific illnesses in the children sampled. Thus, we operationally defined hunger as a score of 5 or above on the answers to the 8 questions constituting the Hunger Scale. This is both a reasonable and conservative definition of "hunger" because it represents a food shortage status of serious magnitude, occurring over a sufficiently lengthy period of time (days vs hours) and occurring chronically. By using a cut-off of 5 or above, every household, classified as hungry, has reported that the problem exists to the extent that the children are directly affected. Any household answering 5 or more of the questions on the Hunger Scale positively, were classified as having a hunger problem.

D. Results

1. Extent of Hunger

According to the above definition, 18% of the families, with children between the ages of 1 and 11 years old, living in The Hill neighborhood of New Haven experience a hunger problem. An additional 7% are at risk of developing a hunger problem (these are the percentage of families who had a Hunger score of 4.)

2. Policy Results

A city-wide school breakfast program that is free to all participants has been implemented in New Haven. Additionally, the state funding provided to emergency food providers to purchase more nutritious protein foods has been increased.

IV. PHASE II - REPLICATION & EVALUATION PHASE

A. Introduction

The second phase will be carried out under the auspices of the Food Research and Action Center (FRAC). FRAC is uniquely qualified to replicate this model because of the strong field network that we have built over the past 18 years. During Phase II, the tools developed in Phase I will be disseminated to FRAC's nationwide network of anti-hunger coalitions. In addition, seed grants will be provided to aid community agencies in conducting the surveys. Finally, technical assistance, mainly in the form of training, will be made available to participating organizations.

B. Phase II - Goals and Objectives

The goal of the Community Childhood Hunger Identification Project (CCHIP) Phase II was to replicate the CCHIP Survey in 7-9 sites across the United States.

Phase II Objectives:

1) Provide tools, resources and technical assistance to local community organizations conducting CCHIP surveys

2) Collect data using previously developed CCHIP survey instrument and methods

   a) test reliability of hunger measure
   b) examine prevalence comparisons using multivariate models
   c) provide current information on hunger to federal policy-makers

3) Evaluation

   a) determine the characteristics of community organizations associated with successful completion of a CCHIP survey and legislative follow-through
   b) determine the amount, type and content areas of technical assistance associated with successful completion of a CCHIP survey

C. Implementation

During this Phase, CCHIP surveys will be conducted in at least 8 sites across the country: AL, CA, CT, FL, MI, MN, NY & WA.

1) Site Selection

The goal of the site selection process was to achieve geographic diversity while maintaining a mixture of large/small states, rich/poor states, and urban/rural sites.

2) Progress Report

CCHIP has been completed in the state of WA; sample frame construction and data collection are in progress in CT & MN respectively, while AL, CA, FL, MI, and NY are at various stages in the planning phase.

Each organization participating in the Replication Phase receives the CCHIP Community Questionnaire and Field Manual. Standard survey techniques are employed. Each site may add up to twelve questions to the core Community Questionnaire, and may select the specific local geographic area that will be surveyed. In addition, they receive technical assistance as needed from the national staff. In Phase II, technical assistance takes the form of on-site visits, conferences, telephone assistance, material review and written feedback. Local organizations are also encouraged to form a local technical advisory committee. The National staff will assist in this process and will work with the local committee on technical issues.

D. Results from Washington State

The Governor's Task Force on Hunger conducted the CCHIP survey in three sites in the State of Washington: Seattle, Pend Oreille County, and Yakima County.

1) Survey Results

The estimated prevalence of hunger in low-income families, with children under 12, living in targeted areas of Seattle is 42.2% ± 3.9%, in low-income areas of Yakima County is 39.3% ± 4.0% and in Pend Oreille County is 20.8% ± 5.1%. An additional 37.4% ± 3.8%, 41.9% ± 4.0% and 57.4% ± 6.2% of these families are at serious risk of developing a hunger problem (these are the percentages of families who had a hunger score of 1-4) in these respective sites.

2) Media Response

The release of the Washington survey data on October 17, 1988, resulted in extensive media attention to the issue of hunger. The Today Show covered the release and CBS Evening News produced an excellent Thanksgiving feature segment on hunger among working poor families that was inspired by CCHIP. State and National print media covered the release as well.

3) Response of Public Officials

An interagency committee of cabinet level state administrators was established by Governor Booth Gardner to review the recommendations of the Task Force and to determine the priority schedule of responses.

The Governor provided partial funding for follow-up activities of the Task Force including continued dissemination of the report and assistance to his office, state departments and the legislature on implementation of Task Force recommendations. The Governor's funds have been matched by funds from the Boeing Corporation, Weyerhauser and a major food bank in the state. These follow-up activities are being conducted by Linda Stone through Northwest Regional Foundation, a non-profit organization in Spokane.

The Governor's 1989-1990 biennium budget contained a $678,000 increase in state funding for the WIC program which was designated to speed implementation of a major increase in WIC caseload anticipated with funds from instigation of a competitive bidding process for infant formula rebate in early 1989. It also contained a $525,000 increase in state funding for food banks, increasing the biennial state committment to $1.7 million. Based on new budget projections, it is anticipated that an additional $250,000 in state funding will be allocated to fund the newly established statewide food assistance outreach program. (State funds will be matched by the federal Food Stamp Program funds authorized for outreach and training through the 1988 Hunger Prevention Act.)

In addition, two versions of state legislation to expand the School Breakfast Program have been passed by the House and Senate. The legislation will now go to a Conference Committee but it is expected that a compromise will be forthcoming as both versions received bipartisan support.

E. Evaluation

A process and outcomes evaluation is being conducted to determine the following:

1) the characteristics of community organizations, and
2) the content, type and intensity of technical assistance associated with the successful completion of a CCHIP survey.

F. Multi-site Analysis

In order to test the reliability of the CCHIP hunger measure, the original assumptions of the scale construction will be re-examined for each site. This will entail principal components factor analysis, analysis of the scale variable properties and assessment of the ordinality of the overall scale as well as the scale's predictive value. Comparative analyses of the site results will also be conducted. A multi-site report of these results will be prepared. Comparisons of food and housing costs, rates of unemployment and low birthweight rates among the sites will also be made.

These analyses will be conducted throughout the summer and fall of 1989.

V. FUTURE RESEARCH NEEDS

Integration of hunger components into current government surveys could provide national prevalence data on the extent of hunger in the general U.S. population and perhaps also among low-income groups. In addition, if a hunger component were added to the Food Consumption Survey, we could explore the relationship between actual food intake and household food shortages or perceived hunger. A hunger component added to the Health and Nutrition Examination Survey would enable us to examine the relationships between hunger and a myriad of potential poor health outcomes.

PREPARED STATEMENT OF BARBARA E. COHEN, THE URBAN INSTITUTE

FOOD SECURITY POLICY FOR THE 1990s:

ELIMINATING HUNGER

Problem: hunger is increasing, not decreasing in the United States. Despite ongoing government programs and increasing efforts of the private sector to provide emergency assistance, evidence suggests that these have not been adequate. By redefining the problem of hunger in a policy context, we can understand the specific issues involved and begin to develop more effective solutions.

Hunger is not an isolated issue but one consequence of the larger problem of poverty. The lack of affordable housing, for instance, has increased not only the number of homeless, but also the number of people needing food assistance - poor households are forced to spend more of their income on rent. Hunger can be a cyclical problem--occurring at specific times in the month when money has run out; or a short-term problem--following loss of a job or change in some other major life circumstance. People may never show the long-term physical signs of hunger, yet they experience the immediate stresses, both physical and emotional, that hunger may cause.

Hunger as a consequence of poverty can be alleviated not only through increased government and private food assistance programs, but through other efforts to overcome poverty. Communities can get involved by examining their food systems as well as their food assistance programs to develop food security -- the accessibility, availability, and affordability of nutritious, culturally acceptable food to all individuals at all times.

This paper is an effort to give direction to new initiatives for reducing hunger in this country. The research methodology included a literature review of hunger studies, program evaluations, and legislation, and telephone interviews with people working in various state or local hunger programs. After defining and documenting the problem of hunger and food security, this paper reviews current strategies for reducing the problem and makes recommendations for further action.

A New Definition of Hunger

One justification often given for lack of policy action to reduce the incidence of hunger has been the difficulty of defining the problem of hunger in a policy context. From a policy standpoint, hunger is not just a perception or a one-time event, but an actual process in which people become at risk of hunger, attempt to cope with the problem and suffer a variety of health and social consequences. Policymakers, advocates, and researchers now agree that hunger is the state of being unable to obtain enough food to satisfy the minimum requirements of a nutritionally adequate diet.

In this report hunger is defined as the process of being unable to obtain a nutritionally adequate diet from nonemergency food channels. This definition reflects the growing understanding that the problem extends to the millions of Americans now forced to depend on emergency food sources. It moves away from the discrete event of "being hungry" focusing instead on the process involved and the resources available in the community.

Therefore for policymakers, the problem of hunger is equivalent to a lack of food security. The goal of a strategy designed to eliminate hunger, on this definition, is to guarantee food security to all Americans. This goal will be met when all people have access to purchase a nutritionally adequate and culturally acceptable diet at all times. Achievement of this goal requires both community and individual resources:

Community Resources
- Accessible Food (adequate local conventional food sources)
- Available Food (nutritious culturally acceptable food choices)
- Affordable Food (competitively priced food)

Individual Resources
- Adequate Disposable Income
- Means of Transportation
- Cooking and Storage Facilities

Investigating the Problem

No one knows how many people suffer from hunger--lack of food security--in this country. With no effective monitoring system in place, the necessary data have not been gathered. But numerous studies of hunger--done by congressional committees and government agencies, national advocacy organizations, community advocacy groups, city and county official, and church-based groups--document that hunger is widespread among low-income groups and has increased during the 1980s. Further, they document a large increase in the use of the emergency food network, and expansion of the network itself; but still emergency food programs, especially food pantries, are not able to serve everyone who comes to them for help. Households also spend all their food stamps before the end of the month, and emergency food providers see an increase in clients at the end of the month.

I fully support these hearings. Emphasis needs to be placed on the need to begin to document issues of food security. By developing a system to inform program administrators at the federal, state and local level about communities in which conventional food sources are unable to consistently serve all community residents, resources can be targeted to alleviate problems of food insecurity. Food security can be improved and hunger prevented.

Documenting the Problem

The majority of studies conducted have focused on state, county or city populations. Using Texas as an example, 38 percent of 1300 receipients of the Special Supplemental Food Program for Women, Infants and Children (WIC), said that their family was forced to skip meals in January 1984. Two-thirds of the children under five who were surveyed in Houston in 1984, were found to consume inadequate amounts of milk, fruits and vegetables. In that same year, food pantries were turning away 20,000 people a month, unable to meet the increasing demand for emergency food supplies. Between 1987 and 1988 the number of times that people received a three to five day supply of food from food pantries in the state doubled: from 500,000 to 1,000,000 times. All the studies indicate that hunger is not limited to specific geographic locations or subpopulations, and affects large numbers of poor people despite the efforts of the public and private sectors to alleviate the problem.

Some sectors of the population are more than proportionately affected. The hungry are disproportionately from minority groups and most of the hungry who are not homeless rent rather than own their homes. Most of the hungry

are under age 60. Perhaps the most important characteristic of the hungry population is that so many of its members are women and children. In several communities in Washington State, four out of five of the surveyed low-income families with children experienced food shortages due to a lack of resources. Coupled with the prevalence of single-parent households among users of emergency food providers, this suggests that the hunger problem reflects deeper dysfunctions in the American social fabric than simply cuts in federal food assistance--the feminization of American poverty, the high incidence of teenage pregnancy, the bifurcation of the American economy, the sharp decline in real AFDC benefits, and the increasing scarcity of affordable housing.

The consequences of the problem of hunger are multiple - both health and social. Studies document problems such as infant mortality, low birthweight, complications with pregnancy and birth, anemia, vitamin deficiencies, and stunted growth. They also document that people involuntarily skip meals during a day, go days without eating, and have diets that do not provide the minimum recommended amounts of essential nutrients.

Effectiveness of Government Food Assistance Programs

There are six major federal food assistance programs: the Food Stamp Program; the Special Supplemental Food Program for Women, Infants and Children (WIC); the Child Nutrition Programs, (including the School Lunch, School Breakfast, Child Care Food, Summer Food, and Special Milk Programs); the set of nutrition programs for the elderly under the Older Americans Act; the Temporary Emergency Food Assistance Program (TEFAP); and the Emergency Food and Shelter Program (EFSP/FEMA).

The first three programs have been shown to be effective. Increased food stamp participation is associated with an increase in both the amount of food consumed and the quality of nutrient intake. WIC participation is associated with a reduction in preterm deliveries; an increase in the period of gestation; reductions in late fetal deaths, infant mortality, and anemia; an increase in the proportion of women seeking prenatal care; and improved diets for women, infants, and children. School nutrition programs improve the nutrient intake of school children and increase their attention span in the classroom. The school breakfast program is correlated with improved achievement test scores and better school attendance.

Barriers to Participation

In spite of these benefits, however, not all those eligible for the programs actually participate. Attitudinal, administrative and informational barriers to participation persist. Potential clients are reluctant to be associated with the poverty stigma attached to participation. Many are hesitant to accept government assistance. Lack of effective outreach and information on how and where to apply reduces participation levels. The administrative barriers are program-specific, but include low benefit levels, limited hours and inaccessible offices, federal funding limits, and (for the child nutrition programs) restrictions on agency eligibility.

There are three major problems with the current levels of food allowances used to determine program benefits. First, benefits based on the Thrifty Food Plan, such as food stamps, are set at a level 24 percent lower than the food expenditures of average low-income families, suggesting that they are inadequate to purchase needed food at the prices prevailing in low-income communities. Second, the estimated nutrient value of the benefits is based on the assumptions that people will have adequate time, transportation, storage space, and preparation skills and facilities to cook nutritious meals from very basic ingredients. Third, the benefits are based on the assumption that families will have 30 percent of their income left over after filling other household needs to contribute to the food budget. Given that nearly half of all poor households now spend 70 percent of their incomes on housing, this assumption is not plausible.

Private Sector Food Assistance Programs

As the need for food assistance became more visible in the early 1980s, so did the presence of the private sector in meeting the need. These private efforts have become known as the "emergency food network." This network includes food banks, food pantries, and soup kitchens, most of which are operated by nonprofit agencies or churches.

No organized national data exist to estimate the number of clients using privately funded food programs. One careful estimate for cities of 100,000 population or more puts the number of meals provided a year at 144 million. This can be compared to the proportion supported by the federal Emergency Food and Shelter Program; the distribution of 73 million meals to the needy in FY 1988.

Trends in emergency food network use show increases as high as 300 percent in the last three years. Even so, the resources provided by the private sector are unable to meet the needs of the hungry. Pantries and soup kitchens reports having to turn away people because of lack of food.

Clearly the private sector has become an integral part of food distribution among the segment of our population who are unable to purchase adequate amounts of food. However, it is not a reliable enough source of food to be considered part of the conventional food network. Problems include uneven geographic coverage, making access a problem for many households; lack of access for the homebound; limited hours that are inconvenient for those who work; little choice of foods and no consistency in nutritional quantity or quality. These problems are inherent in the system, making it unlikely that the private emergency network will ever be part of the regular food security system. The fact that there is a growing emergency food system underscores the lack of food security in the United States.

RECOMMENDATIONS

To remedy the hunger problem in the United States, we need increased government action, private action, and research.

Government Initiatives

o Use the Low Cost Food Plan to determine benefit levels.

The Low Cost Food Plan should be substituted for the Thrifty Food Plan to determine levels of food stamp benefits and other food allowances. Data from the National Food Consumption Survey and other studies have shown that the Low Cost Food Plan, while just thirty percent more expensive than the Thrifty Food Plan, is more successful in providing low income populations with adequate food supplies.

o Lift the food stamp shelter deduction cap for all eligible recipients

Benefit levels should be adjusted to account for shifts that have occurred in living costs by removing the cap on shelter deductions for all participants. (This has already been done for the elderly and disabled.) Many low-income households now spend 70 percent or more of their income on housing costs. The remaining income must cover all other costs of living such as transportation, clothing, health care, and food. When currently determining

benefit levels for those who are not elderly or disabled, a deduction is allowed equal to the amount by which the household's shelter costs exceed 50 percent of its net income. This deduction may not exceed $170 a month. By lifting the cap and allowing a deduction equal to the full amount of shelter costs, food stamp benefits would provide greater relief to poor households with high shelter costs.

o Increase federal funding for WIC.

An increase in federal funding for WIC would allow for greater program participation. Authorization for WIC expires on September 30, 1989. Reauthorization legislation should significantly increase the funding level and change it from a discretionary spending to a mandatory spending program. The legislation could also make it mandatory for all states to use cost-containment approaches in contracting for infant formula and use the savings to serve more people.

o Remove barriers to program participation and effectiveness

Federal and State governments could remove barriers and make programs more effective by mandating and funding program information services, simplifying verification requirements and procedures, and making certification offices more accessible to the eligible population.

Private Sector Initiatives

o Refer participants to government food assistance programs.

Despite their likely eligibility, many emergency food recipients are not enrolled in government food assistance programs. The emergency food network provides large amounts of support but is unable to meet the increasing demand for food and is forced to turn people away or restrict the number of their visits. By providing information and referrals to government programs, the emergency food network would be helping people gain access to food.

o Provide financial and physical assistance to the emergency food network.

The emergency food network is in need of additional funding, transportation, freezer and storage space, access to varied and nutritious foods, and additional volunteers. Industries can work with their local emergency food providers to assess the needs in their community and help locate funding or in-kind resources to provide emergency food.

o Improve access to food in low income neighborhoods.

Access to food in low income neighborhoods is a serious problem. There are few grocery stores, particularly those offering warehouse or discounted prices. Support must come from within the private sector with government incentives to open grocery stores in low income neighborhoods.

o Educate the community about hunger.

Despite all the evidence, many are still unaware of the severity of the hunger problem in our nation. The public needs to be informed about the problem and about what role they can play in its solution. Hunger must be understood in the context of poverty and the competing economic forces that maintain its existence in our society. Educational programs through the media, schools, and industries can be sponsored both publicly and privately.

Research Initiatives

o Expand the scope of hunger studies to include food security.

Studies should continue to ask about dietary intake, frequency of eating, and food availability, as well as income level, program participation, benefit level and household expenditures. However, studies should also begin to examine food security by comparing the adequacy of financial resources with the availability, accessibility and affordability of food. Assumptions of adequacy need to take into account other essentials costs such as housing, health care, and transportation. They should also compare local costs with the assumed costs of procuring an adequate diet based on the Thrifty and Low Cost Food Plan. Such information would better document a household's ability to obtain adequate amounts of food and would provide suggestions for the more effective solutions for dealing with the problem from a policy perspective.

o Involve federal, state and local governments.

Existing federally sponsored nutrition surveys should be expanded to include questions specific to hunger and access to food. Although the Nutrition Surveillance Bill was vetoed by President Reagan, it has been reintroduced in Congress this year. The new version of the bill should include incorporating monitors of hunger in a national nutrition surveillance program.

Similarly, state nutrition monitoring systems should be developed or expanded to include issues of food security. States can lead their own research efforts or provide funding and technical support for local studies. States can use resources such as Cooperative Extension to help monitor hunger.

o Involve the academic community and public health professionals.

Most hunger studies have been qualitative and have not used statistical sampling in their methodology, thus making it impossible to generalize the results to larger populations. Researchers familiar with both qualitative and quantitative methods could provide technical assistance in designing hypotheses, methodology, and analysis.